PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly.

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1. PLACE OF DEATH- COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (HE STATE Maryland		INTY
CITY (If outside corporate limits, write RUR OR give nearest town) TOWN		CITY (If outside corporation Baltimore		d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS FORT HOWARD	Veterans Hospital	STREET ADDRESS 44 W. FE	(Il rural, give locatio yette Street	n) /
3. NAME OF (First)	(Middie)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) August	Robert	Abicht	OF DEATH Januar	v 16.1951 19
5. SEX 6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced	8. DATE OF BIRTH S	AGE last birthday If u Mor	nder I year If under 24 hrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	VAME	
Charles Abicht		Louise Abich	t	
15. WAS DECEASED EVER IN U.S. ARMED FORCE		17. INFORMANT		
(Yes, no, or unknown) (If yes, give war or dates		"r. Elmore C.	Abicht 1656 No	rthrete Pd.
	18. MEDICAL CE			
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONGET AND DEATH
3 Immediate cause (a)	Fatty liver			
Antecedent cause(s) Diseases nr conditions, if any, giving rise to the above cause stating the underlying cause last				
(c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea	ith.			
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
				Yes No D
PRIMARY OR CONTRIBUTING OF	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TO	OWN) (COU)	NTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Nnt while work at work	HOW DID INJURY OCC	UR?	
22. I certify that I took charge of the remotationed by said Autopsy, Inspection of from: natural causes X accident SIGNATURE 23. BURIAL. CHEMATION DATE THERE REMOVAL (Specify) 1/19/5 DATE REC'D BY LOCAL REGISTRAR'S REG.	or Inquiry, find that said dece , suicide , homicide , (Degree or title) M.D. 700 F. NAME OF CEMETE	ased died on the day stated undetermined ADDRESS Leet St., Baltimory Lo	ore 2, Md. Jacation (City, town, or Raltimore, Mc	DATE SIGNED n. 17, 1951
7' 1	Dh.		571	241

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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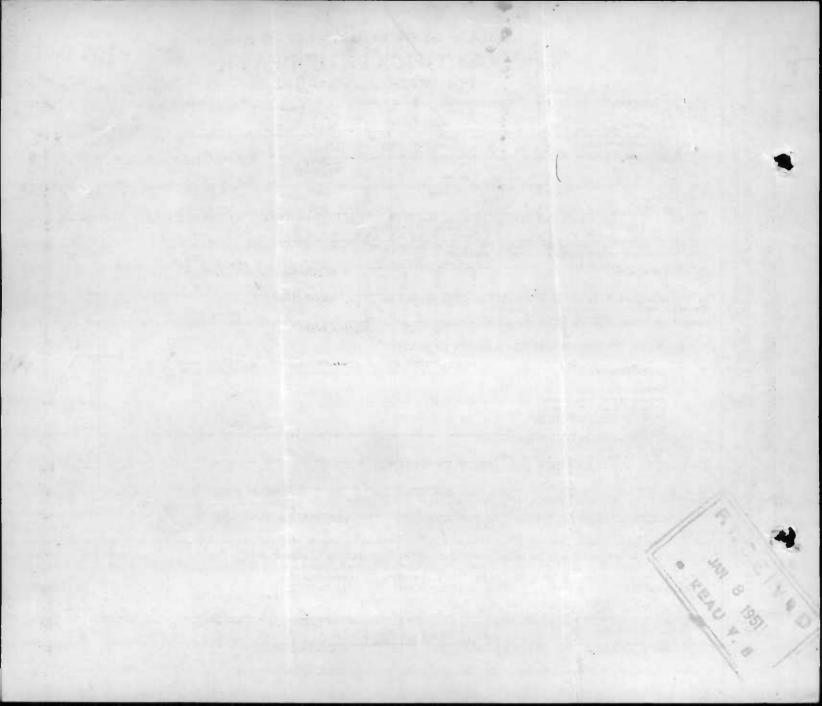
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY A MARYLAND	STATE Many COUNTY Balta
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give agarest town) TOWN (in this place)	TOWN Les uses Station
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS	ADDRESS //57. maint.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) I seek mauriel	110ams DEATH / - 29 - 1947
6. SEX 6. COLOR OR RAGE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday II under 1 year If under 24 hrs. Manths Days Hours Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Asthur Harris	alle Ta alda
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. TAPORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	Rose Jones-1709 and to 14
18. MEDICAL CE	- 10 person us
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Immediate cause (a) Folia Free	umnia v days
Antecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	vn-
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes \ Not
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m. While at Not While Work At work	
INJURI III. I WOLK AC WOLK	
22. I hereby certify that I attended the deceased from XIS	, 19, to
A 25	' III-Pom'
alive on	ADDRESS DATE SIGNED
got shomas 107 n.	main St Dimdalfor 1/31/5/
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7/1/5/	Charles K. daw-807 mad. ane.

CERTIFICATE OF DEATH

50	MARYLAND STATE DEP	ARTMENT OF HEALTH	
correct a		E OF DEATH	57
	FOR MEDICAL	EXAMINERS Reg. Dist. No.	42
n carefully. The	I. PLACE OF DEATH- COUNTY PALTIMORY CITY (If outside corporate limits, write RURAL and OR give nearest town). TOWN CATANS VILLE HOSPITAL OR INSTITUTION OR STREET ADDRESS 5. N. ROLLING RO	2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYAAND CITY (If outside corporate limits, write RURAL and giv OR TOWN PATONS UILLE STREET (If rural, give location) ADDRESS ROLLING TOD	ms RE e nearest town)
y every item of information carefully.	6. SEX 6. COLOR OR RACE WIDOWED, DIVORED, OF DIVORED, OF DIVORED, OF DIVORED, OF DIVORED, OF DIVORED, OF DIVORED OR OF DIVORED OR OF DIVORED OR DIVORED OR DIVORED OR DIVORED OR DIVORDED	II. BIRTHPLACE (State or foreign country) 12	Days If under 24 hrs. Hours Min.
ry item	done during most of working life, even if retired) INDUSTRY TIPE FITTER 13. FATHER'S NAME CONRAD ALBRACH T.	14. MOTHER'S MAYDEN NAME CAROLYN HNKNOWS	COUNTRY? Life
ly ever	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service) 8/18/09 - 3/18/19 2/6 6/87 09	HELENE T. ALBRACHT.	
WITH UNFADING INK. Supply nportant. Physicians: please write th	Is. MEDICAL CEI I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	labely hanging	INTERVAL BETWEEN ONSET AND DEATE
UNF nt. Ph	11. UTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
WRITE PLAINLY, is especially in	21. EXTERNAL CAUSE WAS PRIMARY DOR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF Not while at work Not work Not while at work Not while at work Not while at work Not while at work Not work Not while at work No	ased died on the day stated above, and death in my undetermined ADDRESS Ser 1010 Research RY OR CREMATORY LOCATION (City, town, or count	(STATE) (STATE)
PLEASE	REMOVAL (Specify) DAN. 6, 1987 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1950 REG. 1950	J. FUNERAL DIRECTOR J. 1328 Sulphun	ADDRESS Pel.

VS. A15A

MARGIN RESERVED FOR BINDING



WRITE

PLEASE

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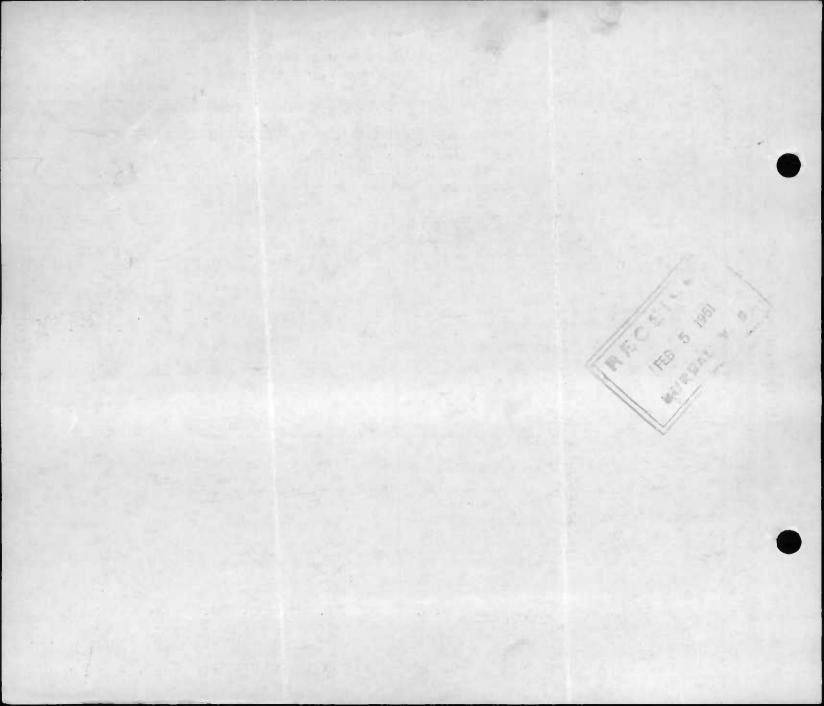
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

685358

Reg. Dist. No. 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL and | LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)
TOWN Mt. Wilson lyin this place 29da Baltimore City TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR Mt. Wilson State Hospital ADDRESS 714 Lexington St. STREET ADDRESS 3. NAME OF (Middle) 4. DATE (First) (Last) (Month) (Day) (Year) DECEASED Allen Carlton Jan. 29 195] DEATH (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single 6. COLOR OR RACE 9. AGE last birthday | If under 1 year | If under 24 hrs. 5. SEX S. DATE OF BIRTH Months Hours | Min. Male White II. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired)
ACETYLENE Burner
13. FATHER'S NAME INDUSTRY COUNTRY? Atlanta, Georgia .S.A 14. MOTHER'S MAIDEN NAME Leslie Edwards James Allen 17. INFORMANT AND ADDRESS 15. WAS DECRASEO EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give war or dates of 248-07-89 Carlton Allen. Lexington INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Pulmonary Tuberculosis, Far Advanced. bout Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause (b) .. stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? None No N PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) 21. ACCIDENT (Specify) (COUNTY) (STATE) HOMICIDE None INJURY TIME (Month) (Day) (Year) INJURY OCCURRED HOW DID INJURY OCCUR? (Hour) While at Not While None Work At work INJURY 1949, to 1/29, 1951, that I last saw the deceased 22. I hereby certify that I attended the deceased from 6:45 p.m., from the causes and on the date stated above. and that death occurred at alive on .. ADDRESS (Degree or titie) DATE SIGNED SIGNATURE Mt. Wilson, Md. 1/29/51 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify)
Burial Rockingham N.C. Eastside Cemeterv DATE REC'D BY LOCAL REG. 1/29/51 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Don Sedberry, Rockingham,



CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

0159

Reg. Dist. No. 38

COUNTY CO	COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (In this place) ONE of posterist town		STATE MD COUNTY	BAUTO
COUNTY TO DESCRIPT TOWN OF STREET ADDRESS 449 COCH FAMEN BUDD. INSTITUTION OR STREET ADDRESS 449 COCH FAMEN BUDD. STREET ADDRESS 8449 COCH FAMEN BUDD. SAME OF (First) (Middle) (Mark III) (More Mark I	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	re nearest town)
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ADDRESS \$449 COCH RAVEN BUDD ADDRESS \$449 COCH RAVEN BUDD			
DECEASED Type or Print) 5. SEX 6. COLOR OR RACE T. HEMSTER. MARKIED. S. DATE OF BIRTH 9. AGE last hirthday If under lyser if loury Min. 10s. USUAL OCCIPATION (Give kind of work done surject one of the print		The state of the s	BLUD.
Type or Print)			(Day) (Year)
5. SEX 6. COLOR OR RACE 7. HAMSTER, MARRIED, M		ANDERSON DEATH JAN	23 1051
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or 11. BIRTHPLACE (State or foreign country) 12. CITIZBN OF WHAT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORESS? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECRASED EVER IN U.S. ARMED FORESS? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECRASED EVER IN U.S. ARMED FORESS? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECRASED EVER IN U.S. ARMED FORESS? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 18.			
COUNTRY COUNTRY	M (Specify)	8/31/1888 62 yrs. Months	Days Hours Min.
18. WAS DECRASED EVER IN U.S. ARMED FORCES? 18. WAS DECRASED EVER IN U.S. ARMED FORCES? 18. WAS DECRASED EVER IN U.S. ARMED FORCES? 18. MEDICAL CERTIFICATION 19. Antecedent cause (a) HEAVY A ISCASE MANUAL, COMMENT ON AND DEATH ON SET AND DEATH ON SET AND DEATH OF SET OF CONDITIONS DIRECTLY LEADING TO DEATH 19. Diseases or conditions, if any, giving rise to the shove cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 20. AUTOPSYT Yes IN No. AND DEATH OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (litome, farm, factory, street, or office May, etc.) TIME (Month) (Day) (Year) (Hour) (NULVY) (STATE) While is Not while obtained by said Autopsy, Inspection of Inquiry Mile is work at work at work at work and strength of the death	done during most of working life, even if retired) INDUSTRY		
Is. Was Decrased Ever In U.S. Armed Forces? 16. Social. Security No. 17. Infformant 17. Infformant 18. Medical certification 18. M	13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	
I. Social Security No. (Yes, Do, guinknown) Idyse, divey or date of Idyse, divey or date of Idyse, divey or date of Is. MEDICAL CERTIFICATION Is. MEDICAL CERTIFICATION Is. MEDICAL CERTIFICATION Interval Between Onser and Deare Interval Between O	CHARLES W. ANDERSON	OZELLO BURNETT	
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18. MEDICAL CERTIFICATION INTERVAL BYTTEREN INTERVAL BYTTEREN ONSET AND DEATH	service) WORLD WAR I NONE	MRS. WILMA M. ANDERSON - 8419	LOCH RAVEN
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Immediate cause (a) HEAVY A ISCASE MANUAL, CREMENT OCCUSION, SUNCE Sunday Antecedent cause(8) Diseases or conditions, if any, giving rise to the show cause ast stating the under ying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY! Yes No S PRIMARY On CONTRIBUTING OF office bidgs, etc.) CAUSE OF DEATH. Time (Month) (Day) (Year) (Hour) INJURY OCCURRED Not while at work INJURY 22. I certify that I took charge of the remains described above, held an Autopsy Inspection of Inquiry Inferior and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased cied on the dry stated above, and death in my opinion resulted from: natural causes of accident suicide has a work natural causes of accident suicide home. ADDRESS DATE SIGNED DATE SIGNED DATE RECIP BY LOCAL REGISTRAS SIGNATURE ADDRESS M. MY ADY'S MANOR MD ADDRESS AD			
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Disease or conditions, If any, giving rise to the shove cause stating the underlying cause last Conditions contributing to the death but not related to the disease or condition causing death.	Immediate cause (a) 4.124114 17243C produ	occupation, south	Snode
Disease or conditions, If any, giving rise to the shove cause stating the underlying cause last Conditions contributing to the death but not related to the disease or condition causing death.	450 Antecedent cause(s)	J	
Stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY On a CONTRIBUTING OF office bidgs, etc.) OF office bidgs, etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Not while work Not while at work Not while work at work Injury 22. I certify that I took charge of the remains described above, held an Autopsy Inspection of Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted from: natural causes of accident said said deceased died on the dry stated above, and death in my opinion resulted from: natural causes of accident said deceased died on the dry stated above, and death in my opinion resulted from: natural causes of accident said deceased died on the dry stated above, and death in my opinion resulted from: natural causes of accident said deceased died on the dry stated above, and death in my opinion resulted from: natural causes of accident said deceased died on the dry stated above, and death in my opinion resulted from: natural causes of accident said deceased died on the dry stated above, and death in my opinion resulted from: natural causes of accident said deceased died on the dry stated above, and death in my opinion resulted from: natural causes of accident said deceased died on the dry stated above, and death in my opinion resulted from: natural causes of accident said deceased died on the dry stated above, and death in my opinion resulted from: natural causes of accident said deceased died on the dry stated above, and death in my opinion resulted from: natural causes of accident said deceased died on the dry stated above, and death in my opinion resulted from: natural causes of accident said deceased died on the dry stated above, accident said deceased died on the dry s	Diseases or conditions, if any, (b)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No No No 21. EXTERNAL CAUSE WAS PRIMARY 00 CONTRIBUTING 00 office bidge, etc.) 00 office bidge, etc.	93 giving rise to the shove cause		
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21. EXTERNAL CAUSE WAS PRIMARY On a CONTRIBUTING Office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work OF INJURY 22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry, find that said deceased cied on the day stated above, and death in my opinion resulted from: natural causes of accident of the suicide of the suici	Conditions contributing to the death but not		
21. EXTERNAL CAUSE WAS PRIMARY On a CONTRIBUTING Office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work OF INJURY 22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry, find that said deceased cied on the day stated above, and death in my opinion resulted from: natural causes of accident of the suicide of the suici	Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY?
PRIMARY Occontributing of office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work offinity work at work obtained by said Autopsy, Inspection or Inquiry, find that said deceased cied on the day stated above, and death in my opinion resulted from: natural causes of accident suicide, homicide, undetermined. SIGNAPURE. 23. BURTAL. CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) DATE REC'LY BY LOCAL REGISTRAR'S SIGNATURE. PROBLEM OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) ADDRESS	Conditions contributing to the death but not related to the disease or condition causing death.		
22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted from: natural causes accident suicide homicide undetermined SIGNAPURE SIGNAPURE DATE SIGNED 23. BURTAL. CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 24 Specify Specify State) DATE RECIT BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	(CITY OR TOWN) (COUNTY)	Yes No No
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22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined . SIGNAPURE DATE SIGNED 1 24 23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)' (State) REMOVAL (Specify) DATE REC'L BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED		Yes No No
SIGNAPURE (Degree or title) ADDRESS DATE SIGNED 1/24/5/ 23. BUNFAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) DATE REC: BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OF OR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while		Yes No No
23. BURTAL. CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) DATE REC:1/ BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldgs, etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while work at work at work obtained by said Autopsy, Inspection or Inquiry, find that said dece	HOW DID INJURY OCCUR? Autopsy , Inspection , Inquiry thereon and ased died on the dry stated above, and death in my	Yes No S (STATE)
REMOVAL (Specify) 1/26/5/ ST JAMES CEM. MY LADYS MANOR MD DATE REC'L BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY	HOW DID INJURY OCCUR? Autopsy , Inspection , Inquiry thereon and ased died on the dry stated above, and death in my undetermined .	Yes No S (STATE)
REMOVAL (Specify) 1/26/5/ ST JAMES CEM. MY LADY'S MANOR MD DATE REC'L BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY	HOW DID INJURY OCCUR? Autopsy , Inspection , Inquiry thereon and ased died on the dry stated above, and death in my undetermined .	Yes No K (STATE)
REMOVAL (Specify) 1/26/5/ ST JAMES CEM. MY LADY'S MANOR MD DATE REC'L BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY	HOW DID INJURY OCCUR? Autopsy , Inspection , Inquiry thereon and ased died on the dry stated above, and death in my undetermined .	Yes No K (STATE)
DATE REC'L BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY On CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work Not while work at work at work obtained by said Autopsy, Inspection or Inquiry, find that said decent from: natural causes accident suicide, homicide, SIGNAPURE. 23. BURGAL, CREMATION DATE THEREOF NAME OF CEMETE	How DID INJURY OCCUR? Autopsy , Inspection , Inquiry thereon and ased died on the dry stated above, and death in my undetermined . ADDRESS Towsen M.	(STATE) from the evidence opinion resulted DATE SIGNED
DEC 1	Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work of at work at work obtained by said Autopsy, Inspection or Inquiry, find that said decent from: natural causes accident suicide homoide strong from: natural causes accident suicide homoide suicide homoide suicide homoide suicide homoide suicide homoide suicide homoide suicide suicide homoide suicide suicide homoide suicide suicide homoide suicide	HOW DID INJURY OCCUR? Autopsy , Inspection , Inquiry thereon and ased died on the day stated above, and death in my undetermined . ADDRESS Towsen M. RY OR CREMATORY LOCATION (City, town, or county)	(STATE) from the evidence opinion resulted DATE SIGNED
JIV O75868 Md.	Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Work at work obtained by said Autopsy, Inspection or Inquiry, find that said decent from: natural causes accident suicide homicide standard from: natural causes accident (Degree or title) 23. BURGAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	HOW DID INJURY OCCUR? Autopsy , Inspection , Inquiry thereon and ased died on the day stated above, and death in my undetermined . ADDRESS Towsm / LOCATION (City, town, or count of the	(STATE) from the evidence opinion resulted DATE SIGNED
JIV 075868 Md.	Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while m. work at work at work obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes of accident , suicide , homicide , SIGNAPURE 23. BURFAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) DATE RECIP BY LOCAL REGISTRAR'S SIGNATURE	HOW DID INJURY OCCUR? Autopsy , Inspection , Inquiry , thereon and ased died on the day stated above, and death in my undetermined . ADDRESS TOWSM	(STATE) from the evidence opinion resulted DATE SIGNED
	Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while m. work at work at work obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes of accident , suicide , homicide , SIGNAPURE 23. BURFAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) DATE RECIP BY LOCAL REGISTRAR'S SIGNATURE	HOW DID INJURY OCCUR? Autopsy , Inspection , Inquiry , thereon and ased died on the day stated above, and death in my undetermined . ADDRESS TOWSM	(STATE) from the evidence opinion resulted DATE SIGNED

2411 N. Charles Street, Baltimore

CEDTIFICATE OF DEATH

0.160

CERT	IFICATE (OF DEATE	Reg. Dist.	. No
1. PLACE OF DEATH:		SUAL RESIDENCE (HO	ME) OF DECEASED.	
COUNTY		TATE		NTY
	GTH OF STAY C	ITY (Il outside corporate	e limite, write RURAL and	d give nearest town)
OR give nearest town)	this place) O	R OWN	rsero	
HOSPITAL OR		TREET	(If pural, give location	n)
INSTITUTION OR OOD Edgewater And	Al		gewater Apt	
British 1122200		(Last)		
DECEASED				/ 01
(Type or Print) HELEN MARY 5. SEX 6. COLOR OR RACE 7. SINGLE, 1	MARRIED ARTI		DEATH AGE last birtbday If up	nder 1 vest III under 24 hr
Felame White Ward	divorced.	914	37 yrs. Mon	ths Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY HOUSEWITE	F BUSINESS OR 11. E	BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT
HOUSewife	l B	altimore M MOTHER'S MAIDEN	d.	
13. FATHER'S NAME	14. b	MOTHER'S MAIDEN I	NAME	
John L. Finnessy		Maud Murnhy NFORMANT AND A		
IF WAS DECEMBER OF THE TANK ADVENT FORCES? 16 SOCIAL				
(Year no, or unknown) (If yes, give war or dates of service)	Mr	. Jerome Ar	thur-209 Edi	gewater Ant
	8. MEDICAL CERTIFIC			1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH			INTERVAL BETWEE
i. Dispusses on constitutions		- 0-		-
Immediate cause (a)	onary 0	rede e	X	52
	1,0			1 1 1
422, 2 Antecedent cause(s) Diseases or conditions, if any, (b)	ocardu	us,		100
giving rise to the above cause				
stating the underlying cause last				
11. OTHER SIGNIFICANT CONDITIONS				13
Conditions contributing to the death but not	ens of alla	14-1		Syrpage
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF	OPERATION	al		20. AUTOPSY?
SURIO DI LA DIA DIA DIA DIA DIA DIA DIA DIA DIA DI				Yes \ No
21. ACCIDENT (Specify) PLACE (Home, farm	n, factory, street, :	(CITY OR TO	OWN) (COUN	
SUICIDE OF office bldg., e	tc.)		TIPLETTE	
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OC	CURRED I HO	W DID INJURY OCC	UR?	***************************************
OF While at	Not While At work			
MOONE				
22. I hereby certify that I attended the deceased for	rom 1/2 19	95%, to 1/5	, 19.57, that I la	st saw the deceased
alive on 1957, and that death SIGNATURE	occurred at	m., from the	auses and on the dat	e stated above. DATE SIGNED
SIGNATURE	ec or title) AD	DRESS	. 0 0	DATE SIGNED
Comad h. Richty M	N.D. 1	706 M Wa	shighm	- 1/6/27
23. BURIAL, CREMATION DATE THEREOF NAME REMOVAL (Specify)	ME OF CEMETERY OF	K CREMATORY LC	OCATION (City, town, or	
Buria 1 1/9/51	Parkwood		Baltimo	ore City
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24.	FUNERAL DIRECTOR	00001	ADDRESS
1/8/01 4. W. ME	acces	TOPPE	ELD & SON	J
-/0/0/	.17/	GREENM		SSND
	V /	G I LEE CO IVAN	COTAT WATE OF	~ ~ ~ ~ ~

The correct age

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1161

1. PLACE OF DEATH. COUNTY. Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
MARCE HAND	
OR give nearest town) TOWN RUPAL: TOWSON LENGTH OF STAY (in this place)	CITY (If oktaide corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR EUDOWOOD Sanatorium STREET ADDRESS TOWSON 4 Maryland	STREET ADDRESS of Grove Care Cul
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Caroline E	AVERY. OF DEATH JUN 7 1951
6. COLOR OF RACE 7. SINGLE (MARRIED) WIDOWED DIVERD, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry	11. BIRGHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME Carrel	14. MOTHER'S MAIDEN NAME WIE RUCK Clauk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT Personal History-Hospital
we service) We was	Records, Endowood Sanatorium
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
V. Oans are ak	4 Juliencan Ordin Indian
Immediate cause (a)	1 runer cucres 11970
002 XAntecedent cause(s)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes D No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
	61 1-7 51
	19.5 , to, 19.5 , that I last saw the deceased
alive on, 195, and that death occurred at	ADDRESS DATE SIGNED
	od Sanatorium Towson 4. Md.
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE:	RY OR CREMATORY LOCATION (City, town, or county) (State) 1. Cem. Edgehill. Virginia
DATE RECAD BY LOCAL REGISTRAR'S SIGNATURE	
DEC.	24. FUNERAL DIRECTOR ADDRESS
REG / 10/51 a. a. Hedrico	William Cook, Inc. 1217 St. Baul St.

sorrect age

WE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

38

1. PLACE OF DEATHY	2. USUAL RESIDENCE (HOME) OF DECEASED.	12/11/
MARYLAND MARYLAND	STATE COUNT	arkulle
OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give	e nearest town)
OR givo nearest town) Mitumare (in this place)	TOWN Japolinere	
HOSPITAL OR	STREET (Il pupal/give location)	1
INSTITUTION OR STREET ADDRESS 2907 (Closen Koad)	ADDRESS 2907 Scholen	lood
3. NAME OF (First) (Middle)	(Lost) / 14. DATE (Month)	(Day) (Year)
(Type or Print)	Larrell DEATH ON	14 1957
	DATE OF BIRTH 9. AGE last birthday If under	
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	Aug 9 - 1862 88 / Months	
Toa. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or		CITIZEN OF WHAT
done during most of working life, evon if retired) INDUSTRY		COUNTRY?
13. FATHER'S NAME	14. MOTHERS MAIDEN NAME	
2.	2 /	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT AND ADDRESS	-11 0
(Yes, no, or unknown) (If yes, give war or dates of service)	My Louis & Desott 2907	Aldan Ca
18. MEDICAL CE	PTIPICATION	cours rec
	MITTORIAN /	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	b	ONSET AND DEATH
Immediate cause (a) arteriosclerosis	Generalised	
Immediate cause (A)	·····	
Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause		
stating the underlying cause last		
(c)		1/-
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	e e	20. AUTOPSY?
		Yes O No O
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work	10,	
22. I hereby certify that I attended the deceased from March	, 19/3, to January / 3, 195/, that I last s	
22. I hereby certify that I attended the deceased from		aw the deceased
alive on 1951, and that death occurred at.	650 R.m., from the causes and on the date st	ated shove
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Talesse md 62171	tarford Rd Baltime -/4	mel
	DV OD GDENA MODEL I VOGA MANAGE	
RIMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or count	ty) (State)
1117131 Miles		Course
DATE REC'D, BY LOCAL REGISTRAR'S SIGNATORE	2. FUNERAL DIRECTOR	ADDRESS
REG. 1/15/51 (1.17. Dacou	& Luck 5305 Hay	and My
	9701/1	/
	1/00/0	

3009 Northway dr

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

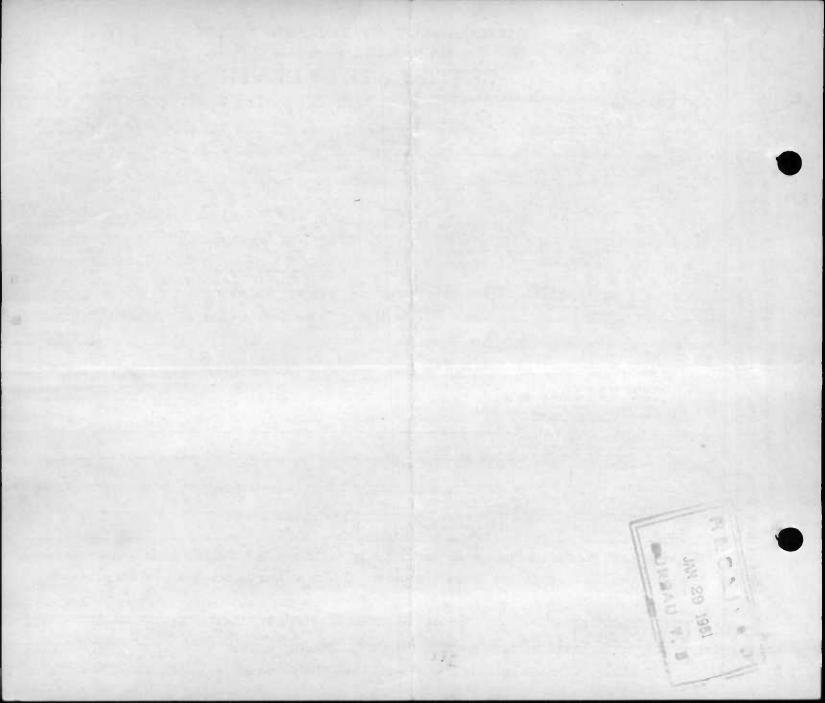
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED-	
COUNTY MARYLAND	STATE	Rola.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv.	e nearest town)
OR give nearest town) (in this place)	TOWN Town on-	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS 4/8 Ungine a Me	ADDRESS 4/18 Vinginia (we
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Ognie Beander Bea	mer DEATH	2/ 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under	1 year II under 24 bra.
(Specify) Wallatt	Mar, 26-1877 7.3 yrs. Mostes.	Days Hours Min.
10m. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Cambridge Md.	Country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Mn Kne non	Motheman	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If year, give war or dates of acrylce)	martha dee - 418 Vine	i. and
Bet vice)	Millian and the sale	W.C. (180 C
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
to al of a lu	1 . 10 thus.	10 yes? .
Immediate cause (a)		
Antecedent cause(s)		
Diseases or conditions, if any, (b)giving rise to the above cause stating the underlying cause last		99 00 00 00 00 00 00 00 00 00 00 00 00 0
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		48 68 68 64 0 Alag 64 maydang 3 9999 049mgggg 9,9 9999
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		(500-50)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
OF While at Not While Not		
22. I hereby certify that I attended the deceased from Lau 2	, 1951, to be 20, 1951, that I last s	aw the deceased
1		
175 Ada 5 A	ADDRESS	
SIGNATURE (Degree of title)	ADDRESS	DATE SIGNED
Still Decore Stilling	· Louison - ald	1/22/51.
23. BURIAL, CREMATION DATE NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
REMOVAL Specify Jan. 24-1951 //leggas	I lest ble. Jouson	md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 1/23/51 a. W. Hersch	Wannel W. Jullwarder.	Walto md.
	1 171	aC 4/
		0226

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1.163

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	rt.
MARYLAND MARYLAND	CITY (If outside exproprite limits, write RURAL and give	more
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	OR TOWN Catousville	a meatest town)
HOSPITAL OR	STREET (If rure), give location)	1.00
INSTITUTION OR STREET ADDRESS 5709 Johnnychkel	a 3/09 Johnning	are Ad
3. NAME OF (First) (Middle)	(Last) A DATE (Month)	(Day) (Year)
(Type or Print) (JOH //N V DIOK	FORD V DEATH WWW.	, 2, 195
5 SEX 6 GOLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) To Free	Fet. 26, 1882 68/yrs. Months	Days Hours Min.
don Juring most of working life, even if retired in the street in the st	11. BIRTHPLACE (State or offeign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME Bickloyd	MOTHER'S MAIDEN MAME	0
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS 570894	myscape
(Yes, no, prinknown) (If yes, give war or dates of 705-09-7802	Mrs Marys Buckeyo	red Cator
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) MYOCARDIAL DEGE	NERATION	
422,2 Immediate cause WITH CARDIAC		1(?)yr
Antecedent cause(s) Diseases or conditions, if any, (b)	DDO OLIL MINITER OLI	- (' / J -
giving rise to the above cause stating the underlying cause last		
(e)		1
Conditions contributing to the death but not related to the disease or condition causing death.		
192. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work	1	
22. I hereby certify that I attended the deceased from May-/	3. 195/ to an -27 195/ that I last as	w the deceased
alive on 10, 19, and that death occurred at	ADDRESS, from the causes and on the date sta	ated above. DATE SIGNED
SIGNATURE (Degree or title)	(it atomostle Med	1/05/-1
di desult of more of it	Caronino - I'll	12/157.
23. BURIAL CREMATION DATH THEREOF NAME OF CEMETE	ont Com Location (City, town, or count	U. Va
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. PUNERAL PARECTOR	ADDRESS
REG. 1-28-51 / E. Harry	to asion some, lation	sville
	690 506	ma.

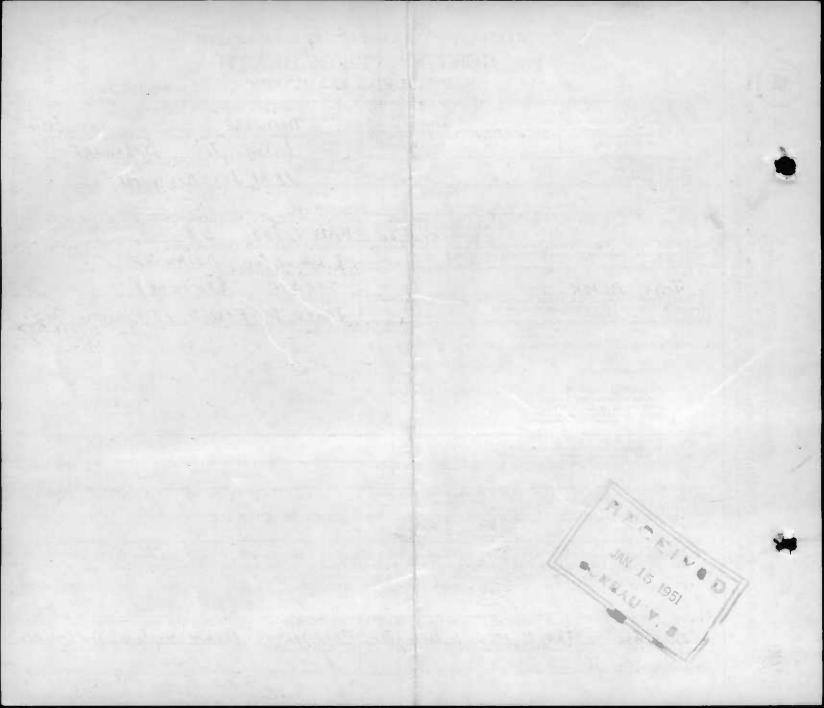


CERTIFICATE OF DEATH

Reg.	Dist.	No	
------	-------	----	--

FOR MEDICAL	Reg. D	íst. No
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY ALTIMORS MARYLAND	DEIAWARE	OUNTY PLAN PASILE
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL OR	and give nearest town)
TOWN SPARROWS POINT NOW	TOWN WILMING ON , DE	LAWARE
HOSPITAL OR INSTITUTION OR A L	STREET (If rural, give loca	tion)
STREET ADDRESS JOIN SIEEL JISPENSAY	1821 LOVERING	AVE. /
3. NAME OF (First) (Middle)	(Last) 4. DATE (Mont	
(Type or Print) (1) ARLES	DEATH VIT	
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH 9. AGE last birthday III	under I year If under 24 hr fonths Days Hours Min
10%, USUAL OCCURATION (Give kind of work 10b, Kind of Business on	11. BIRTHPLACE (State or foreign country)	I2. CITIZEN OF WHAT
dehe during most of working life, even If retired) Thrustry Contlact		COUNTRIL
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	13ARAH STEWARI	
(Yes, no, or unknown) (If yes, give war or dates of		1 1
18. MEDICAL CE	TOTAL CONTROL OF THE	LOUGHING AVE
	RETIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Λ_{α} ,	ONSET AND DEATE
Immediate cause (a) O Ron Any	Oce LUSION	
4 Antecedent cause(s)		
Diseases or conditions, if any, (b)	# 100 1 15 16 17 16 16 17 17 17 17	44 44 44 (44 44 44 44 44 44 44 44 44 44
stating the underlying cause last		
(e)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
11/00		Yes No []
21. EXTERNAL CAUSE WAS PRIMARY GRONTRIBUTING OF Office hold, actory, street, OF office hold, etc.) INJURY	(CITY OR TOWN) (CO	UNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while Not work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes accident , suicide , homicide ,	eased died on the day stated above, and death in	and from the evidence my opinion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
18/19 Davis on Nep. med. S	raus. Dundak. vr. m.	1. 1/11/5-1-
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town,	or county) (State)
BURIAL YAN, 16 1951 WILMINGTON	+BRANDYWINE WILMINGTO	U, DELAWARE
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
January 13 1. 1951 11. W.	ford of Muchula Sort Ir	c ·
	0-+ 11	V F

The correct age



VS. A15

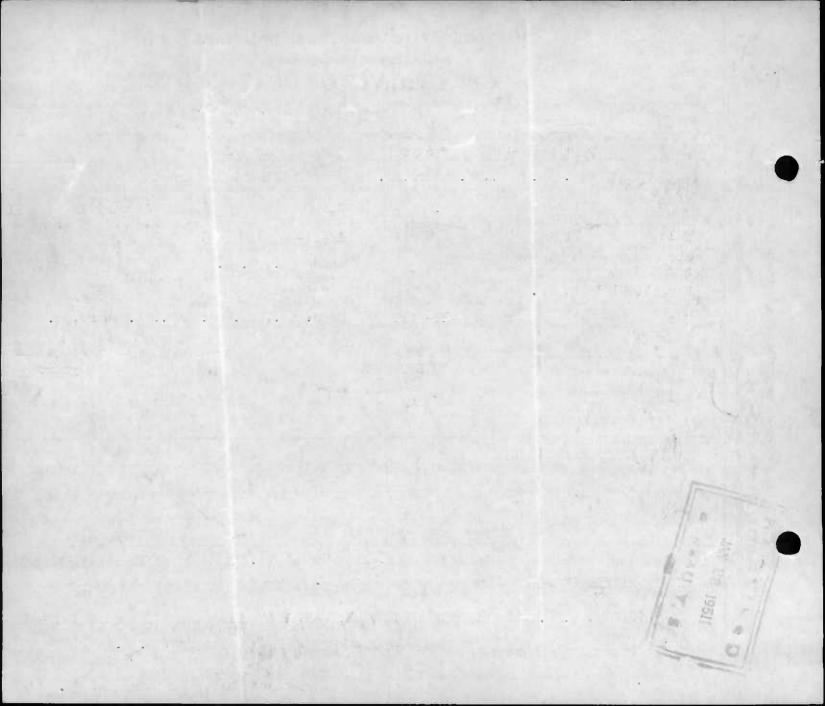


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

COUNTY	Baltimore	MARYLAND	STATE North	Carolina	COUNTY		
CITY (If outside cook or give nearest TOWN	orporate limita, write RURA town Fort Howard		CITY (If outside corpora OR TOWN Sanfor		L and give	neares	t town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	R Wet Adm Hoer	.,Ft.Howard,Md.	STREET ADDRESS 214 St	(If rural, give to seel Street	cation)		V
3. NAME OF DECEASED (Type or Print)	(First) FRANK	(Middle) I.	(Last) BLALOCK	OF -	amuary	(Day)	(Year) 19 51
Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	s. date of Birth	9. AGE last hirthday 30 yrs.	If under 1 Months	year Days	If under 24 hrs. Hours Mln.
	ATION (Give kind of work vorking life, even If retired)	10h. KIND OF BUSINESS OR INDUSTRY	Anson Co., N.	C.		CITIZE	USA
Merritt B	lalock, Sr.	1	Mary Eula Tyes	r			
(Yes, no, or unknown) Yes	VER IN U.S. ARMED FORCES (1f yes, give war or dates of service) WW. TT	1 16. SOCIAL SECURITY NO. 238-12-9141	17. INFORMANT AND Clin.Rec., Vet.		t.Howa	rd,1	Md.
		18. MEDICAL CE	RTIFICATION				
1. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				ONSET	VAL BETWEEN
204 Immediate	e cause (a)	MYEIOID LEUKEMIA		**** AS*** *********** ****************		2 y	ears
Diseases or egiving rise to	nf cause(s) conditions, if any, o the above cause inderlying cause last	***************************************			***************************************	-00 00 00 00 4 a a g	TO THE ECONOMISMS SOCIETY AND ALL MANAGES
Conditions contribu	CANT CONDITIONS uting to the death hut not se or condition causing deat	h.					
		INDINGS OF OPERATION				20. A	UTOPSY!
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (C	OUNTY)		STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?			
	CET M. D. CHI	d that death occurred at (Degree or title) EF, MEDICAL SERVI	A. m., from the ADDRESS	causes and on the	date sta	ted at	
DATE REC'D BY	1-00-	Buffalo Cer		00. 1 37		-	RESS
Jan. 19-5	1 Daws	m Lo. parter	Howard Blight	runeral Home	3	4	
			DUUY Hariord H	oad Baltim	ore III	MC	. 7



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (I STATE Marylan	OME) OF DECEASED d	Prtinore
CITY (If outside corporate limits, write RUR. OR giveness; town) Mills	(in this place)	OR TOWN Owings	te limits, write RURAL Mills	and give nearest town)
HOSPITAL OR INSTITUTION OR ROSEWOOD LE	ane	STREET ADDRESS ROSew	(If rural, give loca ood Lane	tion)
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mont	th) (Day) (Year)
DECEASED (Type or Print) Catherine	H B	leakley	OF DEATH Jan. 2	,1951 19
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED A GSpecify 1 dowed,	s. DATE OF BIRTH Sept.1,1868	82 yrs. M	funder 1 year If under 24 hrs. fonths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		Carroll Co.	foreign country)	12. CITIZEN OF WHAT
13. FATHER'S NAME		Mary Shipl		
Isaac Simmons	? 16. SOCIAL SECURITY NO.	17. INFORMANT	- 5	
15. WAS DECRASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give yer, or dates of service)	None		a Bleakley,	Owings Mills
	18. MEDICAL CE			
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	u venule	Ti-	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)				1-7 PD
422./ Antonidant approach	T. This And			1
Antecedent cause(s) Diseases or conditions, if any, (b)	herry Kill	wasis		tuis
93 d giving rise to the above cause stating the uoderlying cause last (c)	0		1	V
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	in Seculit			
19a. DATE OF OPERATION 19b. MAJOR I		1		20. AUTOPSY?
		<i>y</i>		Yes 🗆 No 🗆
21. ACCIDENT (Specify) PLAN SUICIDE OF INJU	CE (Home, farm, factory, street, office bidg., etc.) URY	(CITY OR T	OWN) (COU	UNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work	HOW DID INJURY OCC	CUR?	
22. I hereby certify that I attended the	e deceased from Au 27	, 1950, to 1-7	, 19.5.1., that I	last saw the deceased
alive on /- 26-, 195/, an SIGNATURE	d that death occurred at (Degree or title)	ADDRESS from the	causes and on the d	ate stated above. DATE SIGNED
3. BURIAL, CREMATION DATE THERE	OF A NAME OF COMPTE	SUT SE N	OCATION (City, town,	-29-51
REMOVAL (Specify) Jan. 31	1951 St. Thomas		Baltimore C	
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE			
1-29-5/ 176	6 Arehus	J.F.Eline &	bons, Keiste	erstown, Md.



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

[163

Reg. Dist. No.....

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and LENGTH OF OR give nearest town)	
rown Fort Howard 45 days	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location) ADDRESS 615 2nd Street
STREET ADDRESS Vet. Adm. Hosp., Ft. Howar	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) MUSES	BOOZE (ALSO BOOTH) DEATH January 3 1951
6. COLOR OR RACE 7. SINGLE, MARRIEL VIDOWED, DIVORG (Specify) Marri	ED. 2-2-82 68 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY HOSPILLALLE NOATH	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Booth	Mary Pindell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY I	AND ADDIEDOS
(Year no, or unknown) (If yes, give war or dates of YeS lservice) With The Social Security 1	Clin.Rec., Vet.Adm. Hosp., Ft. Howard, Md.
18. MEDIC	AL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) CARDIAC DILATA	ATION AND HYPERTROPHY 2 yrs.
434.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
192. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERAT	ION 20. AUTOPSY?
	Yes 🖔 No 🖸
21. ACCIDENT (Specify) PLACE (Home, farm, factory, OF office bldg., etc.) HOMICIDE INJURY	street, (CITY OR TOWN) (COUNTY) (STATE)
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
22. I hereby certify that Yattended the deceased from NO.N	19. 19. 50, to Jan. 3, 19.51 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Viewviewviewviewviewview and that double accuracy	at 12:10 Pan, from the causes and on the date stated above.
(Degree or title)	ADDRESS DATE SIGNED
	VICE VAH FT. HOWARD, MD. 1-4-51
	METERY OR CREMATORY LOCATION (City, town, or county) Ley Cemetery Annapolis, Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR LA LAUSELLA ADDRESS
REG. 1-4-10	J. B. Johnson 34 Lockhood Avenue
	730 86 Annapolis, Maryland

The

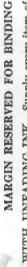
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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		,	

CERTIFICAT	E OF DEATH Reg. Dist. No.)
I. PLACE OF DEATH BALTIMORE MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) HOSPITAL OR INSTITUTION OR STREET ADDRESS AUGSBURG HOME	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE C	171
3. NAME OF DECEASED (First) SORNMAN 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,		(Day) (Year) / 2 19 5 1 year If under 24 hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	Days Hours Min. Country: OF WHAT
13. FATHER'S NAME TOHN DEICHIMIALER 15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of gervice)	14. MOTHER'S MAIDEN NAME KATHERI IVE ENGELHAUP 17. INFORMANT AVGSIBURG HOME RECOR	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Goronary 420. Antecedent cause(s) 93d Diseases or conditions, if any, giving riso to the above cause stating the underlying cause iast		Interval Between Onset and Death Ammediate 10 yrs.
oc. (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		***************************************
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	20. AUTOPSY? Yes No (STATE)
SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY TIME (Month) (Day) (Year) (Hour) While at Not While Work At work	HOW DID INJURY OCCUR?	(SIAIE)
22. I hereby certify that I attended the deceased from decision alive on 19.50, and that death occurred at SIGNATURE (Degree or title) Land L. Chambers M. D. Compared the deceased from decision of the signature of the decision of the signature	ADDRESS 108 Suberty 14th - Button	ated above. DATE SIGNED - 7 - hd (State) 7 ADDRESS



Former residence obtained by phone from the Augsburg Home - 2-13-51. ams.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(1111)

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	/
COUNTY BALTO MARYLAND	STATE MANULAND COUNTY	BALTO
CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and CITY (In this place) TOWN	CITY (If outside corporate limits, write RURAL and give OR TOWN CA TONGS CLASS	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2/0 HILTON AVE	STREET O Kulton	
3. NAME OF DECEASED (First) (First) (Middle) BA. (Type or Print) TOSEPH FARK BA.	AND SA 4. DATE (Month) OF DEATH /AN //	(Day) (Year) /957 19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months.	1 year If under 24 hrs. Days Hours Min.
done during most of rorking alle, even if retited) Industry Indu		CITIZEN OF WHAT
Joseph Henry Brand	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. Apriled Forces? (Yes, no, or unimown) (If year, give war or dates of service)	17 INFORMANT AND ADDRESS Is.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) CARCINOMATA OF	THE TONGUE.	9 MONTHS
Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last		* 5 00 00 0d0000000000000000000000000000
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		*** *** *** *** *** *** *** *** *** **
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🗙
21. ACCIDENT (Specify) SUICIDE HOMICIDE (Specify) INJURY PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	8, 19.50, to Essa 9 , 19.51, that I last sa	w the deceased
alive on	Appress in from the causes and on the date sta	ted above. DATE SIGNED
Dig your of the son With	(alonsville M	.1/12/5/
REMOVAL (SOCIETY) X //15/57 New Culhe		(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. / /2 - 5 /	24. FUNERAL DIRECTOR	ADDRESS
11601100000	your flow oung took	
	390 92	

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1171

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY	12-01
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	Dure.
TOWN (in this place)	TOWN Ruled - Sparks	nearest town)
HOSPITAL OR	STREET (It rural, give location)	
INSTITUTION OR STREET ADDRESS Duncan Hill Road	ADDRESS Duncau Hill Rd.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Addie	12 FOOKS DEATH January	16 1951
Female Colored 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowe d	8. DATE OF BIRTH 9. AGE last birthday If under Months. 7/ yrs.	Days Hours Min.
done during most of working life, even if retired) Industry		CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	213/1
. Toshua Young	Clarissa Conler	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? IS. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	, , ,
(Yes, no, or unknown) (If year, give war or dates of service)	Mollie Jackson, Spari	G, Md.
18. MEDICAL CER	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
15 1/x Immediate cause (a) Anemia		6 mons.
Antecedent cause(s)	C = - 1/01	
Diseases or conditions, if any, (b) Cancer of	f G. I. + ract (Rectam)	Stavus.
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sci	less tis Hear + Discuss	3 445
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes □ No □
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY At work	HOW DID INJURY OCCUR?	
	F .1 =	
22. I hereby certify that I attended the deceased from 1948	., 19 to / au / 6, 195/, that I last sa	w the deceased
alive on 16 Jan, 1951, and that death occurred at /	1:45 A.m., from the causes and on the date sta	ted ahove
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Crackin T. Kees M. D.	Cocheysville Md. 16	Jan 57
23. BURIAL, CREMATION DATE REMOVAL (Specify) 1121/51 NAME OF CEMETER Stephenson's		(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS C
- Hills In and I want	17. 1. Conalmanya 1901 1115	meters?
Dr	724 824 Bal	a.ma.

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	. 2 :	2	6	4-	>	0
Reg.	Diat.	No.		-	>	0

1. PLACE OF DEATH: Ballinge	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town Noted Cliff Wear Troom (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	State County Baltanea Cily or town Nat-La Cliff Man Tana Tana (If outside city or town limits, write RURAL and give nearest tawn) Street No. (If rural, give LOCATION)			
3. (a) FULL NAME	2.(a) If veleran, name war			
Sister Mary Cosmas Brutscher	J. (c) seems seeming in			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Flundle White Single	MEDICAL CERTIFICATION 20. DATE DF DEATH. Jan. 19.5.1	7.40 A. M		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decease Aug 24 19.31 to Taxa 17.			
7. Birth date of deceased (mo., day, yr.) Jan 4, 1860	and that I last saw h. A.s. alive on Jass. 16			
8. AGE: Years Months Days If less than one day	Immediate cause of death. Phenomena (Atypical)	DURATION 2 days		
9. Birthplace	Due to			
12. Hame heichael Brutscher 13. Birthplace Germany 14. Maiden name Mary Thomas 15. Birthplace Germany	Dither conditions			
16. Informant Sr. Mary Clara Address Notch Eliff	Autopsy results	tistically.		
17. BURIAL (Burial, eremation, or removal, Which?) Cemelery or crematory. NOTCH CLIFF CEM i	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			
Location NOTCH CLIFF 18. Funeral director la hades S. Seiler	Injured at home, farm, Industry, public place (where?)			
Address 901 S. Conkling St. Batto, 24, Ind.	23. SIGNATURE TUNK Sieur	D.		
19	Address 28 alleghen are of Huran Bate signed			

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0173

CERTIFICAT	E OF DEATH Reg. Dist. N	. 30
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Balta. MARYLAND	STATE Md COUNT	Y Bult
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
OR give nearest town a town all (in this place)	OR TOWN Catousville	,
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION DE STREET ADDRESSES IN PINES PURSAN HOME	ADDRESS 105 RUSE WAYNOOD	avr
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) Aucy	entina DEATH Van 2	
5. SEX. 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last hirthday If under	I year III under 24 hrs
Finals White WIDOWED, DIVORGED.	7/14/1881 69 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR		2. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Winehrster Va.	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Edward Haymaken	Rose Szabriaht	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS / Catoro	rillo MI.
(Yes, no or unknown) (If yes, give war or dates of service)	Ruth 1. Maddox 105 Rosser	and the
18. MEDICAL CEI		I will
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
August Rich	Que a constant	S Ma
Immediate cause (a)	heuronei	2 Mars -
Antecedent cause(s)		a
Diseases or conditions, if any, (b)		8 nes-
giving rise to the above cause stating the underlying cause last	900	>
(c) Rephrites		
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes D No B
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
and the same of th	4x Au 1 50	
22. I hereby certify that I attended the deceased from any	, 1942, to / lu / , 1950, that I last s	
alive on 1950, and that death occurred at	ADDRESS from the causes and on the date st	atad abarra
SIGNATURE (Pegree or title)	ADDRESS ,	DATE SIGNED
1185 2/10 70 0	and a Banton.	
1 1 mm m 10n - 107	- Land low al - Continues	x 2, 100
23. BURIAL, TREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or count	7
DATE RECED BY LOCAL REGISTRAR'S SIGNAPURE	Y E U TOWN	Ua.
REG. 1 24 C 1	24. FUNERAL DIRECTOR	ADDRESS
- 1/242/ 1 . W. Besies	10- 101 MC, 12/1 ST Tank	S.
	1/11/1/1/	1/1/

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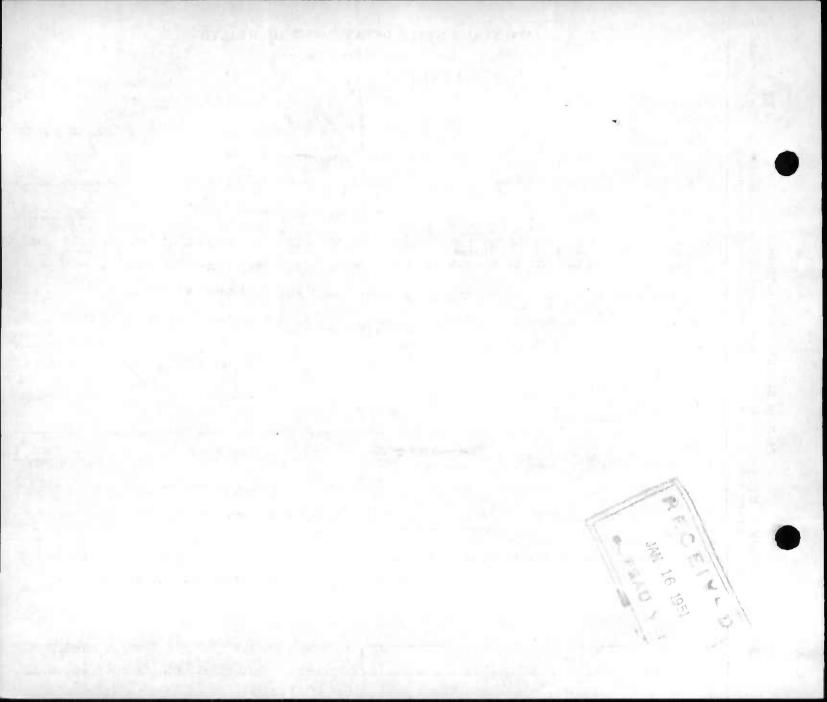
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0174

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Ballo MARYLAND	STATE BAITO COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) LONG Grand (in this place)	TOWN LONG Graan
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS LONG GYEEN ROLLYANE Rd	ADDRESS LONG GYERN RIXKANE Rd
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) A Ma	BUNNETT DEATH LON 9 195-
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
WIDOWED, DIVORCED, (Specify) Widowed	Sapt 15-1887 63 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working iffe, even if retired) INDUSTRY	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Crenton towler	17. INFORMANT
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) [(If yes, give war or dates of	
MD service) 217-09-9087	Mr. James. Burnett. Long Green Rat Kane Rd
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
/ DA	1 1/22 " 1
Immediate cause (a)	My more 3 40 minut
481 Antecedent cause(s)	10 10 1 1 1 1 1 20
O / Diseases or conditions, if any, (b)	The A Donelus Del-
giving rise to the above cause stating the underlying cause last	// may
n. other significant conditions	
Conditions contributing to the death but not	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20/AUTOPEVS
138. DATE OF OPERATION 138. MAJOR PRODUCTS OF OPERATION	20/AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	2011 212 210010 00000
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from Let.	1950 to Ama 1957 that I last saw the decorded
ZZ. I hereby termy that I attended the deceased from the first that I	- 30
alive on Strang, 1931, and that death occurred at.	m. from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
1 the 10 moles and	By John M/1-10-51
110 Weller of 18 11 the free of	Down
DEMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)
Buxial 11/2/3/ 1 /ar/10/	od Balto nd
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Han 10 951 Mills mormont	Lassahu James Home 740 Below Rd Bataco and
U 11	033448
	() 4 2 4 4



VS. A15

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The correct

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Bailto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Balto
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (II autoide assessment Notes and DATE)	0 00,0
OR givo nearest town (in this place) TOWN	CITY (If outside corporate limits, write RURAL and giv OR TOWN	e nearest town)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS // 3 BEaumont ave	ADDRESS//3 Braumont a	w
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) BESSLE / CM GENRY	Burt DEATH Tan &	3 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	S. DATE OF BIRTH 9. AGE last birthday If under !	
Temale White WIDOWED DIVORGED, (Spots down d	6/1876 74 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
done during most of working Me evon if retired) INDUSTRY Would	Balto, Md.	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
(Unknown) Kimberly	Unknown	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yea, no or unknown) (If yes, give war or dates of	17. INFORMANT, AND ADDRESS	4
service)	HENRY P. Burt 113 BEAUMO	at use
18. MEDICAL CE		
	***************************************	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) arteriorclarotic con	Asia - sauda Assaire	T
422 Immediate cause (a)	or or other control of the control o	3 70 42
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
454 giving rise to the above cause	**************************************	
stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OF TOWN) (COUNTY)	Yes No G
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Nork At work		
INSORT MORE AC WOLK		
22. I hereby certify that I attended the deceased from 1942	7, 19 to 8 Jon, 19.3/, that I last sa	w the deceased
- A		
alive on, 192, and that death occurred at	ADDRESS from the causes and on the date sta	ted above.
10 10	20 E. Prestar IT But 2 ho	l 10 foris1
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR-CREMATORY LOCATION (City, town, or county	(State)
	ount Bulto. My	(Dunie)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 1-10-67	Wen Cook Inc. 1219 St. Paul	. The
	- Dullanc. a dilan	

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEAT	H. 600 Stoke	eleigh NOAD	2. USUAL RESIDENCE (I	HOME) OF DECEASE	D. COUNTY
COUNTY BA	TIMORE	MARYLAND	MARVLAND	B	ALTIMORE
CITY (If outside	corporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURA	L and give nearest town)
OR givo neares	corporate limits, write RUR it town) 5+ on e / e i q	h (in this place)		neleigh	
			STREET	(If rural, give lo	cation)
INSTITUTION O	OR 600 Sto	neleigh ROAD	ADDRESS 600	Stoneleigh	KOAD
3. NAME OF	(First)	(Middle)	(Last)		nth) (Day) (Year)
DECEASED	PABERT	WELLS 6	USICK	OF DEATH JAN	VARY 8 1551
(Type or Print)	1 6. COLOR OR RACE	17 SINCLE MARRIED.	8. DATE OF BIRTH		If under 1 year If under 24 hrs.
MALE	WHITE	WIDOWED, DIVORCED, (Specify)	JULY 30 1890	60 yrs.	Months Days Hours Min.
10a. USUAL OCCU	PATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
done during most of	working life, even if retired)	INDUSTRY COAL	BALTIMOR		COUNTRY
I3. FATHER'S NA	WE STATE	-011.0	14. MOTHER'S MAIDEN		
	ERT TAYL	OR BUSICK	LILLIAN	BURTON	
15 WAS DECEASED	EVER IN U.S. ARMED FORCE	S? I 16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(Yes, no, or unknown) (If yes, give war or dates	01 212-01-1139	Mrs. Donis HIG	HMAN. 45	Sunkink Rd
// 0 .	Iservice)	18. MEDICAL CE		7.11111	1
			RIFICATION		INTERVAL BETWEEN
I. DISEASES OR C	CONDITIONS DIRECTLY				ONSET AND DEATE
	days and the	OCCLUSION	OF CORONA	LRY ARTE	RY 2 yrs.
Immedia	te cause (a)			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Diseases or	ent cause(s) r conditions, if any, to the above cause	ARTERIOS	CLEROTIC H	LEART DISE	ASE Syrs.
13d stating the	underlying cause last				
	(c)				1
Conditions contri	FICANT CONDITIONS huting to the death but not case or condition causing des	th.			
19a. DATE OF OP	ERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
NONL		NONE			Yes 🗌 No 🗷
21. ACCIDENT SUICIDE HOMICIDE	N/A A/F OF	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (C	OUNTY) (STATE)
TIME (Month		INJURY OCCURRED	I HOW DID INJURY OF	CCUR?	
OF INJURY	m.	While at Not While Work At work			
			L = = = = = = = = = = = = = = = = = = =	1 ~	
22. I hereby cer	tify that I attended th	ne deceased from Nov 1	195 /, to 1 A.N.	d., 19, that	I last saw the deceased
alive on	/// A, 194./, a	nd that death occurred at	ADDRESS	e causes and on the	O. DATE SIGNED
SIGNATURE	0001.	1			Contract & 2/AV
4.0	. Chargan	mo 67	LOYORK NOA	D. BALTII	708512md
23. BURIAL, CRE	MATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town	a, or county) (State)
REMOVAL (Sp	ecify)	151 DRUID K	IDGE	PIKESVILL	E Mo.
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	OR 1	ADDRESS
REG. //9/	11 G.	w. Hedust	IH.W. JENKI	RYS & DONS	CO. 4905 YORKKI
= 44	3	VI			11/2/2011
					778011

MARGIN RESERVED FOR BINDING

The correct age

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY Baltin		MARYLAND	STATE Maryland COUNTY timore		
CITY (If outside corporate limits, write RURAL and OR give nearest town) Arbutus (in this place)			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN arbutus		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4722 Aldgate Green			STREET (If rural, give location) ADDRESS 4722 Aldgate Green		
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last) Butler	4. DATE (Month) OF January	(Day) (Year)
	color or RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTLED	S. DATE OF BIRTH	9. AGE last birthday If under	1 year If under 24 hrs Days Hours Mln.
10a. USUAL OCCUPATIO	ng life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY. City	Baltimore,	or foreign country) 1	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Carl Brohmeyer			14. MOTHER'S MAIDEN NAME Louise Kupisch		
15. Was Decrased Ever I (Yes, no, or unknown) (II)	yes, give war or dates o		Andrew Butler,	ADDRESS 4722 Aldgate Gre	en
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDI		LEADING TO DEATH	~ Right	Lung.	INTERVAL BETWEEN ONSET AND DEATE
770 X Antecedent cs Diseases or condigiving rise to the stating the under	tions, if any, above cause last (c)	Sarron	~ Rt. 18	Breat,	
Conditions contributing related to the disease or	to the death but not condition causing deat	h. INDINGS OF OPERATION			
19E. DATE OF OPERAL	ION 130. MAJOR P	INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT (S SUICIDE HOMICIDE	Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUNTY	Yes No (STATE)
TIME (Montb) (Da OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CURT	
SIGNATURE:	5, 195, an	d that death occurred at (Degree of title)	ADDRESS From the	causes and on the date st	dated above. DATE SIGNED
23. BURIAL, CREMATIC REMOVAL (Specify)	1/9/51	Parkwood	Cemetery	LOCATION (City, town, or coun Parlwille,	ty) (State)
DATE REC' BY OC.	AL REGISTRAR'S	SIGNATURE GOLICE	24. FUNERAL DIRECTO Wm. Cook, no	or 1217 St. Paul	ADDRESS Street
11/		JTV		0900	60

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

VS. Al5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN MARYLAND LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS 316 6, Jokke Poad	STREET ADDRESS 316 (If rural give location)
3. NAME OF DECEASED (Type or Print) Katharus H Ca	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Jan 17
Found 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W. Jones	8. DATE OF BIRTH 9. AGE last birthday fi under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA
William Heinekump.	Mary Marischen
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	Mrs. Kalen C. Holl 316 E Jophilon
10 MEDICAL CER	MINERIE CA MILO NA
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
	OHOEL AND DEATH
Immediate cause (a) Con on any	allen on
420.1 Inimediate cause	1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A
Antecedent cause(s)	
A to	had T
Diseases or conditions, if any, (b)	is, Thereulen sever
giving rise to the above cause	
stating the underlying cause last	Maria
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
OL ACCUMENT (C. K.) L DIACTI (W. A.	Yes No Y
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OLDE OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
۸	
22. I hereby certify that I attended the deceased from 12.	1951, to Jun 17 1951 that I last saw the deceased
A . 4 . 12	
alive on 1951, and that death occurred at	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
1. O. Sellm un M. D 6000	attimare A ~ Tows on my Jan 17, 1959
23 BURIAL GREMATION DATE NAME OF CEMETER REMOVAL (Specify) 1/20/51 New Cathedr	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG 19-50	24, FUNERAL DIRECTOR address St. Weales and on 805 y Lalvay St.

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

0170

I. PLACE OF DEATHY TO	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	ant an
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN MARYLAND LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give TOWN	ve peatest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Register wetter like the war wealt	ADDRESS Qualas Botton Pro	al
3. NAME OF DECEASED ((First) A (Middle) (Type or Print)	(Last) 4. DATE (Month) OF DEATH	(Day) (Year) 8 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify), LUMBER	8. DATE OF BIRTH 7-16-1898 9. AGE last birtiday If under Months yrs.	I year If under 24 hrs. Days Hours Min.
10m. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10h. Kind of Business or Industry 10h. Kind of Business or Industry	sparks, Ballo o. med.	COUNTY'S
13. FATHER'S NAME Causion	Mary Sustan	
I5. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	Sedenias Causion. La fra	1. gud.
18. MEDICAL CE	RTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Hearthuring at	to war the if lile s	INTERVAL BETWEEN OVSET AND DEATE
Immediate cause (a) ITMANULL, at 43/1 Antecedent cause(s)	me miggin said, with facility as	My-200
93a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No R
21. EXTERNAL CAUSE WAS PRIMARY GOR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while work at work	HOW DID INJURY OCCUR?	
22. I certify that I took chorge of the remains described obove, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decentaries in the said decentaries of the said decentarie	used died on the dry stated above, and death in my	from the evidence opinion resulted DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify).	A.M.E. Short Ballo	co. ned.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. //4/5/ REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	THE WALLES	audi.

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The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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Baltimore, Md.

CERTIFICATE OF DEATH 1. PLACE OF DEATH-USUAL RESIDENCE (HOME) OF DECEASED. COUNTYBaltimore STATEMARYland COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY OR give nearest town)
TOWN Fort Howard (in this place) TOWN Baltimore HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESSVet.Adm.Hosp.Ft.Howard,Md 920 W. North Ave. 3. NAME OF (Middle) (Last) 4. DATE (Month) (Dav) (Year) DECEASED or DEATHJamuary 27 LAWRENCE (Type or Print) CORBETT 195] 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single 5. SEX 6. COLOR OR RACE 9. AGE last hirthday | If under 1 year | If under 24 hra. | Months | Days | Hours | Min. 8. DATE OF BIRTH Male White 12-12-96 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, evon if retired)

Mik Truck Driver

13. FATHER'S NAME INDUSTRY COUNTRY Baltimore, Maryland Milk Michael Corbett Cecelia McHale
17. INFORMANT AND ADDRESS 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of Yes Clin.Rec., Vet.Adm. Hosp. Ft. Howard. Md. service) unknown INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATE (a) CONGESTIVE HEART FAILURE 6 Week s Immediate cause 420.0 Antecedent cause(s) (b) ARTERIOSCLEROTIC HEART DISEA SE UNKNOWN Diseases or conditions, If any, giving rise to the above cause steting the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🗌 No R 21. ACCIDENT PLACE (Home, farm, factory, street, OF office bidg., etc.)
INJURY (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that X attended the deceased from Jan ... 25..., 19.51, to Jan ... 27....., 19.51., that X attended the deceased from Jan ... 25..., 19.51, to Jan ... 27....., 19.51. DATE SIGNED bert W. 23. BURIAL, CREMATION DATE/THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) Balto .National Cema Balto. Md. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REG. North & Pennsylvania Ave

VS. A15

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

How fong in above pix Hospital, institution,	or street address where AVE.	e imits, write i		Bireel No 304 Second Av	county Beltimore mits, write RURAL and give nearest town) Te rive LOCATION)
	John I				
Male	4. Sex 5. Color or race 6. (a) Single. married, widowed, or divorced Married Married			MEDICAL 10. DATE OF DEATH Jan. 9/5	CERTIFICATION 1 10 10 10 11 11 11 11 11 11 11 11 11 11
	nd or wife Emma		c) If alive, give ageyeare	21. ORRTIFY that doubt securred on the date	ebave stated; that Attended deceased from 19.57 to
8. AGE: Ye	ars Months	Days	If less than one day	Inmediate cause of death when	wy OE Lows OURATION
8. 8irthplace				Bue to A Constitution of the conditions of the c	
×	Rebecca	Zahn		(Include pregnancy within Major hadings of operations	
16. Interment	ma Dahlen			Antony roughly	
Address 30	04 2nd Ave	. Lans	downe, Md.		which death should be charged statistically.
Burial Date thereof Jan. 12/51 (Burial, cremation, or removal, Which?) New Cathedral Cemetery or crematory				22. VIBLENCE: If death was due to external decident, suicide, or homicide	Date of
Location 4300 Old Frederick Rd. Balto. Md. 18. Funeral director Address 4101 Edmondson Ave.				Injured at home, farm, industry, public place Means of injury 23. SIGNATURE. A. M. C.	Injured at work? Left 690 40 6 M. D. or other
(Date recall by	registrar) 19 5/		Registrar	Address D Talled Laws	Date signed / 10/0/

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1101

1. PLACE OF DEATH- COUNTY BALTIMORE COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE THE PROPERTY OF THE POUNT	md.
CITY (II outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) ON 5 VI L R O	CITY (II outside corporate limits, write RURAL and give OR TOWN A LONG VILLE	re nearest town) Baltimore
HOSPITAL OR DAUGHTER of Evel Ayist Home INSTITUTION OR MAIDEN Choice LAME	STREET (If paral give location) ADDRESS MALGEN (10 20 10 10 10 10 10 10 10 10 10 10 10 10 10	My Fred /d
3. NAME OF (First) DECEASED (Type or Print) ELLEN ELIZAbeth	Delahay DEATH Control	(Day) (Year)
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Under 18	8. DATE OF BIRTH 9. AGE last birthday If under Cypril 23 1867 83 yrs. Months	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 10b. Kind of Business or Industry		COUNTRY?
Charles MARTIN	14. MOTHER'S MAIDEN NAME ELLEN Thom PSON	,
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	ELIBAbeth KNOCK	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	A	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Myock-deal far	luz	36 hrs
422. Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	ie codis une desens	Unknows
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.	5 deculatus ulcens	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No No
21. ACCIDENT (Specify) SUICIDE (Frame of the bidge, etc.) HOMICIDE (Specify) INJURY	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY nn.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2.5.		aw the deceased
alive on 19.2., and that death occurred at (Degree or title)	ADDRESS and on the date st	ated above. DATE SIGNED
25. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE. REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or coun	$\frac{7-3-5}{3}$
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
REG. 4-5/ Atw. Hedinh	Charles P. Towell 3427 Ed	nondson Clue

Former residence obtained by phone from the Daughters of Eucharist Home. 2-13-51 ams

VS. A15 8-51

MARGIN RESERVED FOR BINDING

4.6	TOTAL
VS A15	DI BACK

	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.
Sister Mary Anatolia Dietrich	3. (v) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Ferreals while Erigle	MEDICAL CERTIFICATION 20. DATE DE DEATH. 2016.00 A
8. (b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 8 / // 7 hrs. min. 9. Birthplace Grands (Town, county, and state) 10. Usual occupation. Teachast. 11. Industry or business 12. Name Claristian Dietrick. 13. Birthplace Germany 14. Maiden name Manganet Grenel 15. Birthplace Germany 15. Birthplace Germany 16. Birthplace Germany 17. Maiden name Manganet Grenel 18. Birthplace Germany 19. Birthplace Germany 10. Birthplace Germany 11. Maiden name Manganet Grenel 12. Birthplace Germany 13. Birthplace Germany	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9.34.6.19.5.7. and that I last saw h. 22. alive on J. 24.6.5. Immediate cause of death A. p. apleancy. Duration 2. tofic. Due to Dither conditions 3.3.4.2. (Include pregnancy within 3 months of death) Major findings of operations.
16. Informant S. Mary Clara Address Mobels Cliff Med. 17. Burial Date thereot. 1-24-51. (Burial, cremation, or removal. Which?) Cemetery or crematory Villa Maria Cemetery Location Notch Cliff nr Tawson, Md. 18. Funeral director. Charles St. Balto. Md. Address 901 S. Conkling St. Balto. Md. 19. (Date rec'd by registrar) Registrar	Actopsy results PHYSICIAN: Please onderline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the toltowing; Accident, suicide, or homicide

W

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

(183

1. PLACE OF DEAT	н.		2. USUAL RESIDENCE (I		D. COUNTY
Baltimore MARYLAND			New Yor	k	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)			OR CITY (If outside corpor	ate limits, write RURAI	L and give nearest town)
TOWN	Towson	10 yrs. 6 mos	. TOWN Long I		
HOSPITAL OR INSTITUTION O	P	17 day	S STREET ADDRESS_	(If rural, give loc	eation)
STREET ADDRE	SS The Sheppard	& Enoch Pratt Hos		sse Blvd., A	tlantic Beach /
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mor	nth) (Day) (Year)
(Type or Print)	Emma	Helen	Doerschuck	OF DEATH Jan.	. 18 19 51
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE iast birthday	If under 1 year If under 24 hrs.
Female	White	WIDOWED, DIVORCED, (Specify) Single	Oct. 31, 1881	O9 yrs.	Months Days Hours Min.
	ATION (Give kind of work vorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT
None	vot king inc, even it resired)	INDUSTRI	Brooklyn, New	York	COUNTRY? U.S.A.
13. FATHER'S NAM	(E		14. MOTHER'S MAIDEN	NAME	
	e Doerschuck		Julia Claus		
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND		
No dikhowi,	(If yes, give war or dates of service)	"	HOSPITAL R	ECORDS	
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		Vhe me . So as no	201100 0000		1010 . 0
Immediat	e cause (a)/	Jorra one It	remu ou q	***************************************	10 minus
422 / Antonodos	Antecedent cause(s)			- 100	
Diseases or	conditions, if any, (b)	moure un	cordiax c	Regeneral	on 10 grt
93 giving rise t	giving rise to the above cause stating the underlying cause last				
Boating the	(e) 4	Reuralized	arteno o	clevus	109nt
11. OTHER SIGNIFI	CANT CONDITIONS	1001	V. Dran	24.6	156-00
related to the disea	se or condition causing deat		ha prac	cox	10 24 4
19a. DATE OF OPE	RATION 19b. MAJOR F	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 🗆 No 🕺
21. ACCIDENT SUICIDE	OF	CE (Home, farm, factory, street, office hldg., etc.)	(CITY OR T	rown) (Co	OUNTY) (STATE)
HOMICIDE	INJU	RY	:		
TIME (Month) OF		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR7	
INJURY	m,	Work At work	1 .60	101	
22. I hereby cert	ify that I attended the	e deceased from	, 1940, to yair		last saw the deceased
alive on	u 18 195/ 20	d that death occurred at	355 Am from the	causes and on the	data stated shows
SIGNATURE					
1/1/1/20	THE SHELL ALL GENERAL CONTRACTOR OF THE SHELL CONTRACTOR OF THE SHELL ALL GENERAL CONTRACTOR OF THE SHELL CONTRACT				
14.11.00	m, ma) (7 ous	on t, wi	1 1/8/0/
23. BENTAL, OBEN REMOVAL (Spec	ATTON DATE THEREO	OF NAME OF CEMETE	1/1 71	LOCATION (City, town,	1 21 , 11 h
DATE REO'D BY	1 1/10/01	SIGNATURE	24. FUNERAL DIRECTO	Prookly	N / UN YOUR
REG.	C/ //	Neder	7/1000	Sur of	nother 1
-//4/		· · · · · · · ·	· wirny year	Men Klows	11000 Na Me

VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0187

CERTIFICATE OF DEATH

I. PLACE OF DEAT	н•		2. USHAL RESIDENCE (I	HOME) OF DECEASED. COUNTY	
COUNTY	altimore	MARYLAND	STATE Maryland		re
CITY (If outside	corporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURAL and giv	e nearest town)
OR give neares	t town)	(in this place)	OR TOWN Cot	onsville	
TOWN HOSPITAL OR	Catonsville	6 yrs.	STREET	(If rural, give location)	
INSTITUTION O	R		ADDRESS		
STREET ADDRE	ess 2412 Rockwi	ell Avenue	11 2412	Rockwell Avenue	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	SALLIE	ELIZABETH	DOYLE	OF DEATH Januar	ry 14th. 19 51
5. SEX	6. COLOR OR RACE	17. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE last hirthday If under	
		WIDOWED, DIVORCED, (Specify) Widow	2/22/66	Months	Days Hours Min.
Female	White	1 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of	84 yrs. 1 1	CITIZEN OF WHAT
done during most of	ATION (Give kind of work working life, even if retired)	INDUSTRY			COUNTRY?
Housew	ife	Own Home	Baltimore		COUNTRY! A.
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME	
	William T.	Courtney	Sophia N	ailor	
15 WAS DECEASED F	PURE IN II C ADMED FORCES	2 I 16 SOCIAL SECURITY NO	17. INFORMANT AND	ADDRESS	Md.
(Yes, no or unknown)	(If yes, give war or dates	of			
No	service	NONE		2412 Rockwell Ave	e, ca cons.
		18. MEDICAL CI	ERTIFICATION		INTERVAL BETWEEN
I DISEASES OF C	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
I. DADERGIAS OL C			NITE ANTON ADMIT	DIOCCIEDATIO	3 yrs
Immedia	te cause (a)	MYOCARDIAL DEGE	MENALION, ANTE	ILLO DOLLEROLLO.	7 310
422 Immedia	te cause				
Antecedent cause(s) SENILITY					
Diseases or conditions, if any, (b)					
giving rise to the above cause stating the underlying cause last					
2000000	(e)				
II. OTHER SIGNIFICANT CONDITIONS					
Conditions contrib	Conditions contributing to the death but not				
related to the dise	ase or condition causing dear	th.			L BA ATTMODERYS
19a. DATE OF OPI	ERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No N
21. ACCIDENT		CE (Home, farm, factory, street,	(CITY OR	rown) (County)	(STATE)
SUICIDE HOMICIDE	-NO OF INJ	office bldg., etc.)	6 6 6		
	(Day) (Year) (Hour)	INJURY OCCURRED	I HOW DID INJURY OC	CUR?	
OF	(==,, (===,	While at Not While			
INJURY	m.	Work At work	1		
		I Fib-	2 1047 1	14 10 5/ About I look on	am Ala Jasana J
22. I hereby ger	tify that I attended th	e deceased from	, 19.//., to/a/a/	/4, 195/, that I last s	aw the deceased
10	100 / 0	ad that douth accurred at	m/ from the		
alive on ////	1, 19,5 /, ai	nd that death occurred at	ADDRESS from the	causes and on the date st	DATE SIGNED
alive on AA SIGNATURE	1, 195 /, ar	nd that death occurred at (Degree or title)	ADDRESS ADDRESS	causes and on the date st	DATE SIGNED
alive on M. SIGNATURE	1 1931, ar	nd that death occurred at (Degree or title)	ADDRESS AT ANSVILLE	causes and on the date st	DATE SIGNED
Signature.	of Johnson	(Degree or title)	atonsville	md.	DATE SIGNED
SIGNATURE.	ATION I DATE THERE	(Degree or title) OF NAME OF CEMET.	atonsville ERY OR CREMATORY	MM. LOCATION (City, town, or count	DATE SIGNED
23. BURIAL, CRES REMOVAL (SPA	MATION DATE THERE eelly 1/17/5	(Degree or title) OF NAME OF CEMET: New Cathe	atousuler ery or crematory dral Cemetery	MM . LOCATION (City, town, or count Baltimore, Md.	DATE SIGNED //6/5/ (State)
23. BURIAL, CROSS REMOVAL (Sp. BUTIAL) DATE REC'D BY	MATION DATE THERE eelly 1/17/5	(Degree or title) OF NAME OF CEMET: New Cathe	atonsville ERY OR CREMATORY	LOCATION (City, town, or count Baltimore, Md.	DATE SIGNED //6/5/ (State) ADDRESS
23. BURIAL, CRES REMOVAL (SPA	MATION DATE THERE eelly 1/17/5	(Degree or title) OF NAME OF CEMET: New Cathe	atousuler ery or crematory dral Cemetery	LOCATION (City, town, or count Baltimore, Md.	DATE SIGNED //6/5/ (State)

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VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1115.4

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEAT	н.		2. USUAL RESIDENCE (H	IOME) OF DECEAS	
COUNTY	Raltimore	MARYLAND	STATE	nd	COUNTY
	corporate limits, write RUR	AL and LENGTH OF STAY (in this place)	CITY (If outside corpora		AL and give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R Carlynn Ave	& Hillside Drive	STREET	(If rural, give	ocation) 11side Drive
3. NAME OF DECEASED (Type or Print)	(First) Clara	(Middle) Virginia	(Lest) Emmart	4. DATE (MOF DEATH Jan	Ionth) (Day) (Year)
Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	S. DATE OF BIRTH	9. AGE last birthday	If under I year If under 24 hrs Montha Days Hours Min.
done during most of	ATION (Give kind of work working life, even if retired)	IOD. KIND OF BUSINESS OR INDUSTRY At Home	Woodlayn.	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	ne r Timanus		14. MOTHER'S MAIDEN ? George	NAME	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)	7 16. SOCIAL SECURITY No.	Dr. L. Lynn Fmm		Ave. Woodlawn
		18. MEDICAL CE			
1. DISEASES OR C	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH				INTERVAL BETWEEN ONSET AND DEATE
Antecede Diseases or 122 a giving rise to stating the	nt cause(s) conditions, if any. (b)	Strangulation ventral i	on of bower	l'au	to 24 liss
Conditions contrib	uting to the death but not	h. TINDINGS OF OPERATION			
19a. DATE OF OPE	RATION 130. MAJOR P	INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR T	OWN)	COUNTY) (STATE)
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?	
22. I hereby cert	1.	e deceased from			
alive on SIGNATURE	97 H	d that death occurred at	ADDRESS 4710 Liberty		DATE SIGNED
23. BURIAL, CKEM REMOVAL (Spe	cify)			CATION (City, town	on, or county) (State)
DATE REC'D BY REG.		SIGNATURE	HALLIS QUE	R WOVE au	A510 Liberty Hgus
7		j _o "			Ave.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Baltimore		2. USUAL RESIDENCE (HOISTATE Maryland	ME) OF DECEASED. COUNT	Y
DAT CTIMOLA	MARYLAND and LENGTH OF STAY	Maryland		
CITY (If outside corporate limits, write RURAL OR give nearest town) TOWN Catonsville	(in this place)	OR Dolling	limits, write RURAL and glv	ve nearest town)
HOSPITAL OR	10 days	STREET	(If rural, give location)	1
INSTITUTION OR STREET ADDRESS Spring Grove	State Hospital	ADDRESS 1308 N.	Broadway	\vee
3. NAME OF (First)	(Middle)		. DATE (Month)	(Day) (Year)
(Type of Print) Wilmer B. Everis	st or Frank W. Ev	erist.	OF _	
	. SINGLE, MARRIED,		AGE last birthday If under	1 year ilf under 24 hra
Male White	WIDOWED, DIVORCED, (Specify) single	March 1886 or 1887	AGE last birthday If under Months.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country) 12	2. CITIZEN OF WHAT
done during most of working life, even if retired)	Industry Unknown	Paltimone W	bar Isma	COUNTRY?
13. FATHER'S NAME	OIL TO III	Baltimore. M. 14. MOTHER'S MAIDEN N.	AME	Ue De
John Everist		Lillie or Li	llian Everist	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?	16. Social Security No.	17. INFORMANT AND AD	DRESS	
(Yes, no, or unknown) (If year, give war or dates of unknown service)		Hospital Records	, Catonsville 2	8. Md.
I. DISEASES OR CONDITIONS DIRECTLY LI	18. MEDICAL CER	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	Cerebral embolus			2 1
Immediate cause (a)	Cerebrat emborus	සුම් සි සිතිසි නියාල සි එළි වැනල සි සු එමට එයි විවර්තම සිංවම් ද නියාසි අතා ගත පාර්තනය සදහළ අතු සු පු පුළුණ සමාජය නිස්	## 1 PPP +460060-00060-0 dare-case-supple	3 days
Antecedent cause(s)				
Diseases or conditions, if any, (b)	Chronic auricull	ar fibrillation		Unknown
stating the underlying cause last	Arterioscleratio	cardiovascular di	50256	Inknown
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	AT TOST TOST COLUMN	Car UTO VASCULAL U	LSBASE	unkilowii
19a. DATE OF OPERATION 19b. MAJOR FIL	NDINGS OF OPERATION			1 20. AUTOPSY?
	(Home, farm, factory, street,	(CITY OR TOW	(COUNTY)	Yes No (STATE)
SUICIDE OF INJUR	office bldg., etc.)			
OF	NJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCU	CT .	
22. I hereby certify that I attended the	deceased from Inn 28	1057 to Ion 20	10 57 41-4 71-4	am Ab a 1
alive on Jan. 30 , 1951 , and SIGNATURE	that death occurred at. O. (Degree or title)	ADDRESS	uses and on the date st	ated above. DATE SIGNED
flore . h Q	man and	La. 1 4	It that	9/1/51
23. BURIAL, CREMATION PATE	I NAME OF CENTRE	Y OR CHEMATORY LOC	ATION (City, town, or count	-1-17-
REMOVIA (Specify) 2/3/51	Moreland	Park Cemetery		ty) (State) aryland
DATE REC'D BY LOCAL REGISTRAR'S SI	GNATURE 1	24. FUNERAL DIRECTOR	1010 Ct D 7	ADDRESS
2/2/5/ 100.	reares	I'm book Inc	1217 St. Paul	Street
	Dm		33	5906

The correct

MARYLAND STATE DEPARTMENT OF HEALTH

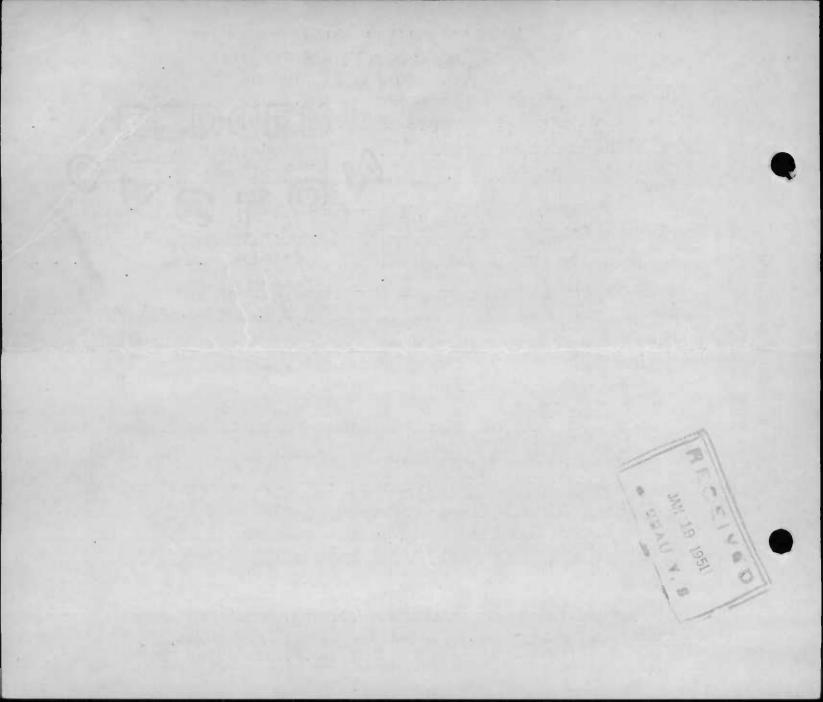
CERTIFICATE OF DEATH

P183

FOR MEDICAL EXAMINERS

Reg. Dist. No.....3.3

COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	197
Baltimore MARYLAND	Maryland COUNT	Balto
CITY (If outside corporete limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and g	ive nearest town)
OR give neerest town (in this place) Reisterstown	Town Reisterstown	
HOSPITAL OR	STREET (If rural, give locetion)	
INSTITUTION OR STREET ADDRESS 41 Bond Ave.	ADDRESS 41Bond Ave.	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Flyia Virginia F	erman DEATH Jan.	14 195]
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthdey If under	1 year If under 24 hr
I remain Liniopen (Stiedly) Marrien	Mcn. 17.1912 30 yrs. 1	Days Hours Min.
ioa. USUAL OCCUPATION (rive kind of work 10b. Kind of Business or done during most of working life, even if retired) INDUSTRY		2. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY HOUSEWIFE 13. FATHER'S NAME Self	Baltimore Co.	Country? A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Hanny Diggs	Emma Williams	
16. WAS DECRASED EORS IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of No	Henry C. Ferman, Reister	stown. Md.
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
		ORDER AND DEATE
590 Immediate cause (a) Tongestive 7	Heart Failure re T-V. Disease	I sur.
Antecedent cause(s)	1 9 - 1	7
Diseases or conditions, if eny, (b) Ay furleness	re t-V. Asstare	-grs.
stating the underlying cause last		
(c) Chronic hy	eliritis	12 yrs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the deeth but not		10
releted to the disease or condition ceusing deeth.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
_ none.		Yes No 🛣
21. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Office bldg., etc.)	(CITY OR TOWN) (COUNTY	
PRIMARY OR CONTRIBUTING OF Office bldg., etc.)	•	
TIME (Month) (Dey) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?	
	none.	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	Autopsy , Inspection X, Inquiry X thereon and	from the evidence
from: natural causes , accident , suicide , homicide ,	undetermined and stated above, and again in my	opinion resuitea
SIGNATURE Sugarty (Degree or title)	ADDRESS	DATE SIGNED
A. D. Caples " and my	2. 1	
- Jan.	reistrator, und.	1-15-151
REMOVAL (Succify)	RY OR CREMATORY LOCATION (City, town, or cour	ity) (State)
REBUTT (Specify) 1-18-51 Piney Gr	Ta FUNERAL DIRECTOR Balto. Co.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-16-51 Mary 13. Elina.	J.F.Eline&Sons Reister	stown, Md.



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEAT COUNTY		MARYLAND	2. USUAL RESIDENCE (H	IOME) OF DECEASED- COU	NTY Balto.
CITY (If outside c	alto. corporate limits, write RUR. t town) Holbrook		CITY (If outside corpora	te limits, write RURAL and	d give nearest town)
	Holbrook		TOWN Holbroo		
HOSPITAL OR INSTITUTION O STREET ADDRE		Rd.	STREET ADDRESS Liberty	(If rural, give location Rd.	n)
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	ALBERT		RRELL	OF DEATH Jan.	21 1951
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	May 3, 1874	9. AGE last birthday If un Mon	ths. Days Hours Min.
done during most of v	ATION (Give kind of work corking life, even if retired) Contractor (OW	10b. KIND OF BUSINESS OR INDUSTRY mer) Contracting	11. BIRTHPLACE (State o	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM Elisha F	Œ		Julia Amos	NAME	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown)	(If year, give war or dates of service)	none	Mr. Roy Horn -	Liberty Rd., H	Holbrook, Md.
I. DISEASES OR CO	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
		7	2111	1	da
331x Immediat	e cause (a)	ererar 1	aupoc	nage	00000
	Antecedent cause(s)				
giving rise t	conditions, if any, (b)			***************************************	55 40 FM 040403 12 50 50 41444 22 27 27 20 20 41444 22 27 27 27 27 27 27 27 27 27 27 27 27
II. OTHER SIGNIF	underlying cause last (c) ICANT CONDITIONS uting to the death but not				
related to the disea	ase or condition causing deat				
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR T	OWN) (COUN	TY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby cert	lify that I attended the	e deceased from / 15	, 195/, to 1/2/	/, 195/, that I las	st saw the deceased
alive on//	20/ 105/ an	d that double commend at	23 A m from the	course and on the date	atatal abass
alive on 190, and that death occurred at m., from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED					
Non!	Z. Martu	1 M. W. Co	audallston	n.Md	1/21/51
23. BURIAL, CREM REMOVAL (Spec Burial	TATION DATE 1/23/51	NAME OF CEMETE Wards Cha	_	OCATION (City, town, or c Holbrook, Md.	ounty) (State)
DATE REC'D BY			24. FUNERAL DIRECTO	R / A/	ADDRESS
REG. / _ LV	·-51 C		Wym. Y. J	chener + sta	is bally.
		/	7	40080	6 With

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

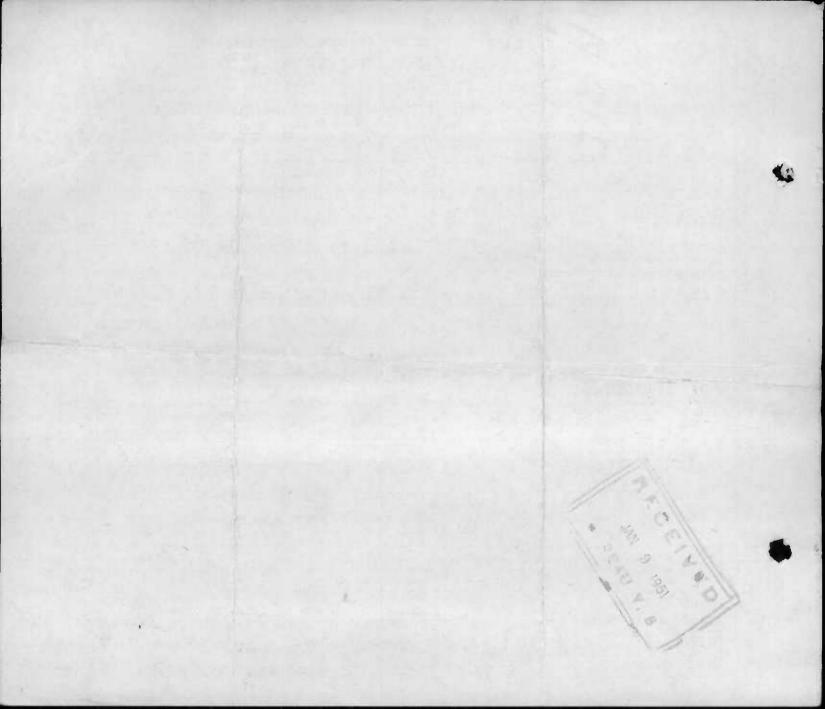
VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1. PLACE OF DEATH- Salto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest rown) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring how State Host	STREET (If ru al give location)
3. NAME OF DECEASED (First) Richard Paul	Thur DEATH My 4 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday Wunder 1 year Hunder 24 hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Matthew Finn	14. MOTHER'S MAIDEN NAME New Scaper
I6. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Hopelat Record & Calmarele 28 mg
18. MEDICAL CE 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Gere	tral accident
33/X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	evens Lemnhage
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Merical de	sicione since birth
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY! Yes No D
21. EXTERNAL CAUSE WAS PRIMARY Or GONTRIBUTING CAUSE OF DEATH. CAUSE OF DEATH. INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) NJURY OCCURRED OF Wile at Not while work at work	HOW DID INJURY OCCUR?
from: natural causes accident , suicide , homicide , SIGNATURE SIGNATURE September 11 (1)	ased died on the dry stated above, and death in my opinion resulted undetermined ADDRESS DATE SIGNED RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG5-5/ Ex Harry	21. FUNERAL DIRECTOR HOMES 24. FUNERAL DIRECTOR Hyattaille mo



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M

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

(192

I. PLACE OF DEATH- COUNTY Ball MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	?
CITY (If outside corporate hints, write RURAL and Oft of STAY (In this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 33/2 Hollen Jerry K	STREET ADDRESS 19 S (If rull give location)	ord it
3. NAME OF DECEASED (First) (Middle) (Type or Print) Hary Orn	(Last) 4. DATE (Month) OF DEATH	(Day) (Year) 3 1957
5. SEX 6. COLOR ON RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	87 DATE OF BIRTH 9. AGE last birthday I funder Months 73 yrs.	Days Hours Min.
done during most of working file, even if retired INDUSTRY INDUSTRY		COUNTRY! Sa
13. FATHER'S NAME Lare	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Fro US Fisher 3312 ft	Um Ferr
18. MEDICAL CE 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Landen falen Lis Vascula dean	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes No
21. EXTERNAL CAUSE WAS PRIMARY GRONTRIBUTING Griffice bldg., etc.) CAUSE OF DEATH. INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY m. Work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, SIGNATURE 23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	assed died on the dry stated above, and death in my undetermined ADDRESS RY OR CREMATORY LOCATION (City, town, or county)	pate signed
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 637	24. FUNERAL DIRECTOR (3 22 S.	ADDRESS
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State May County Callynool
How long in above place of death?	City or town
Hospilal, Institution or greet orders where death School and Control	Street No. VV S. Ollers GainX -
Now long in hospital or institution	2.(d) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
	am Hours 213-07-3600.
5. Color or race S.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
to 00 11:	20. DATE OF DEATH AMAZIN 3.0 5 15 1 7:30 A
8.6) Home with a wite a See Magne Runny	2t. I CERTIFY that death occurred on the date above stated; that I attended doceased from
T. Birth date of deceased (mo., day, yr.) Secender 1 7th 1909	and that I last saw h. Min. alive on Daniel 19 30 19 5
8. AGE: Years Mosths Bays It tess than one day	Immediate cause of death DURATION
4/ // //hrsmin.	
8. Birthplace Jamotha Va (Town, epunty, and state)	Due to.
10. Usual occupation.	
11. industry or business State Mulls	Due 10
12. Name Charles Housing	Dther conditions
	47d (Include pregnancy within 3 months of death)
14. Malden name Sille Suunklers 15. Birthplace Virairia	47d. Major findings of operations.
15. Birthplace Virginia	Date ot op.
Address 12 7 Saccus It Fel.	Antopsy results
17 Lemin 2 Chate thereof Feb 3/5/	22. VIOLENCE: If death was due to external causes, fill in the following:
(Borial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (Coonty) (State)
Location Control of Alling Con	Injured at home, farm, Industry, public place (where?) Means of injury Injured at work?
t8. Funeral director	00104 -0
Address // pt / Cidau Comment	23. SIGNATURE TO MOMAS MA
(Date rg'd by registrar) 19. 5/ VSW Heddink Registrar	100 10 7 n. Maria De Dunga al 2 2 /30/s

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

COUNTY Baltimore	MARYLAND	STATE Maryland		COUNTY
CITY (If outside corporate limits, write IOR give nearest town) TOWN Parkville		CITY (If outside corpor OR TOWN Parkvill		L and give nearest town)
INSTITUTION OR	anore Ave.	STREET	(If rural give lo	
3. NAME OF (First) DECEASED (Type or Print) John	(Middle)	(Last) Frank		7, 1951 19
5. SEX 6. COLOR OR RAC White	WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April 8, 1888	9. AGE last birthday 62 yrs.	If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of w done during most of working life, even if reti Main Cenance man	red) 10b. KIND OF BUSINESS OR INDUSTRY TOOL incus		nia	12. CITIZEN OF WHAT COUNTRY?
John H. Frank		Jennie	NAME	
15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no, or unknown) (If yes, give war or departue)		17. INFORMANT Mrs. Kathryn F	rank 11 Ting	enore Ave.
	18. MEDICAL CE			
I. DISEASES OR CONDITIONS DIRECT	LY LEADING TO DEATH Description Correction	re Ocelum	One	INTERVAL BETWEEN ONSET AND DEATH
giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but to	e) 3 not	ou vers	h) Alabara	
related to the disease or condition causing 19a. DATE OF OPERATION 19b. MAJ				20. AUTOPSY?
SUICIDE	PLACE (Home, farm, factory, street, OF office bidg., etc.) (NJURY	(CITY OR	rown) (C	COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hou OF INJURY	r) INJURY OCCURRED While at Not While M. Work At work	HOW DID INJURY OC	CUR?	
	and that death occurred at	ADDRESS 808 Herryon	causes and on the	date stated above. DATE SIGNED Jan. 8, 1951
23. BURIAL, CREMATION DATE THE BUTTEY Jan 10,		RY OR CREMATORY	Parkville,	
REG. 8 ST REGISTRA	W. Helica	Ullrich Funera	1 Home 2008	Orleans St.
/			man mark 1 2 3	9.1/

The correct age

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH- COUNTY COLDS, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	* -
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place)	CITY III outside corporate limits, write RURAL and give	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS & Crosm and	STREET (If rural, give location) ADDRESS Consor Obles	
3. NAME OF DECEASED (First) (Middle) (Type or Print) Cleronder (Middle)	(Last) 4. DATE (Month) OF DEATH COM	(Day) (Year) /9 195/
	8. DATE OF BIRTH 9. AGE last birthday If under	1 year II under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most) of working life, even if retired) 10b. Kind of Business or Industry 10c. Control of B		CITIZEN OF WHAT
13. FATHER NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS THOSE Fragier - 8 Charles	Du- Trusm
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RIFICATION LAND LINGUIC Roll Line.	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Career (a) Antecedent cause(s)	scorecogs	
Diseases or conditions, if any, (b)		***************************************
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		*******************************
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	//	w the deceased
alive on Course at, 19 and that death occurred at	ADDRESS from the causes and on the date sta	ated above. DATE SIGNED
23. BURIAL, CREMATION DATE REMOVAL (Specify) 23. PURIAL, CREMATION DATE REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. / 22/5/	24. PUNERAL DIRECTOR	ADDRESS
	770	538

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

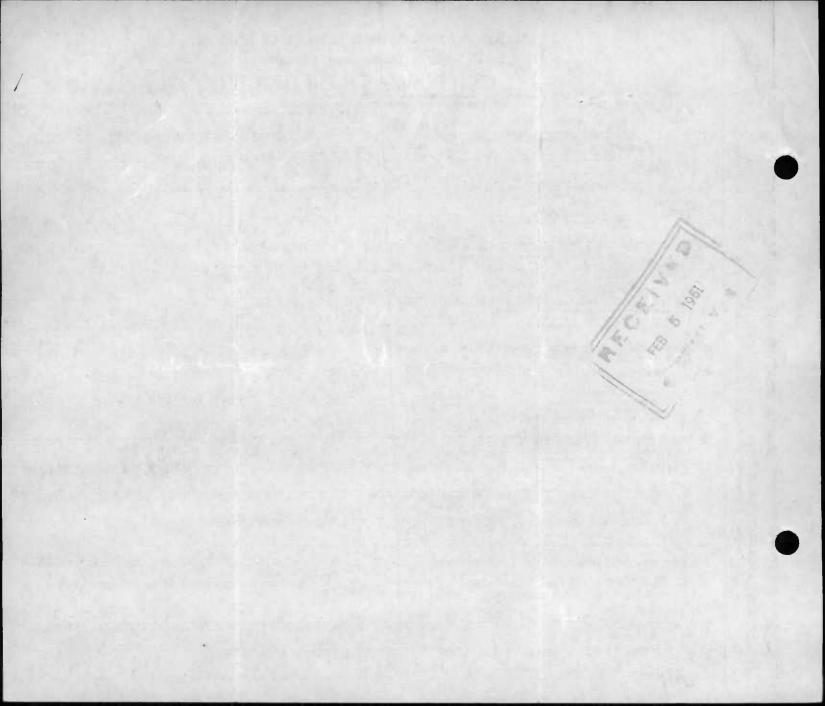
CERTIFICATE OF DEATH

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Reg. Dist. No. 44

49011

Contract of the Contract of th						
COUNTY Balt	H· imore	MARYLAND	2. USUAL RESIDENCE (STATE Marylane		COUNTY	
OR give nearest	corporate limits, write RURA		CITY (If outside corpor OR TOWN Baltimon	rate limits, write RURA	L and give nearest to	wn)
HOSPITAL OR		, 22 44, 5	STREET	(If rural, give le	ocation)	1
INSTITUTION O STREET ADDRE	ss Vets. Adm. Hosp	. Ft. Howard, Md.	ADDRESS 2102	N. Calvert S	t.	/
3. NAME OF	(First)	(Middle)	(Last)		onth) (Day)	(Year)
(Type or Print)	JAMES	M.	FRENCH	OF	Jan. 29	1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday		
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) - Sep.	12-25-95	55 ym.		urs Mln.
	ATION (Give kind of work working, life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN	OP WHAT
salesman ur	iemployed is reured)	INDUSTRY	Washington,	D.C.	USA TEY?	
13. FATHER'S NAM	(E		14. MOTHER'S MAIDEN	NAME		
William Fr	ench		Henrietta Mot			
15. WAS DECRASED E	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS		
Yes Tes	(If yes, give war or dates of service)	unknown	Clinical Record	ds Vets.Adm.	Hosp.Ft. Howa	rd, Md
		18. MEDICAL CE	RTIFICATION			
I. DISEASES OR CO	ONDITIONS DIRECTLY I	LEADING TO DEATH				BETWEEN DEATH
		3 3				
Immediat	e cause (a)	Cerebrovascular a	ccident bropapi	y hemorrhage	3 day	7.5
33/ Anteceder	nt cause(s)			Market Control		
O Diseases or	conditions, if any, (b)	ypertensive disea:	se with cerebro	rascular acc:	idents ll yr	'S.
o a giving rise t	o the above cause inderlying cause last					
	(c)					
Conditions contribu	ICANT CONDITIONS uting to the death but not use or condition causing death	Total blindnes:	S			
		INDINGS OF OPERATION			20. AUT	OPSY?
					Yes 🗇	No DE
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (C	COUNTY) (STA	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
	YZA					
22. I hereby cert	ify thank kattended the	deceased from Jan. 5	, 19.51, to Jan.	29, 19.51., tkæt	TIME SEATON	beases
MARKARA AAA	TOTAL	that death occurred at	9:404 - 6		1	
SIGNATURE	Paul Pada	(Degree or title)	ADDRESS	causes and on the	DATE S	e. IGNED
PAUL PADGE		MEDICAL SERVICE V	AH FT. HOWARD, 1	MD.	1-30-5]	
23. BURIAL, CREM	ATION DATE THEREO		RY OR CREMATORY			(State)
REMOVAL (Spec	2-1-5	Arlington Na	ational Cemeter	y Arlington.	Va.	
DATE REC'D BY	1 1	SIGNATURE	24. FUNERAL DIRECTO)R	ADDRE	SS
HAM 30:	51 Dawen	v do. Harors	Chambers Funers	al Home, W	ASH. D.	C.



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

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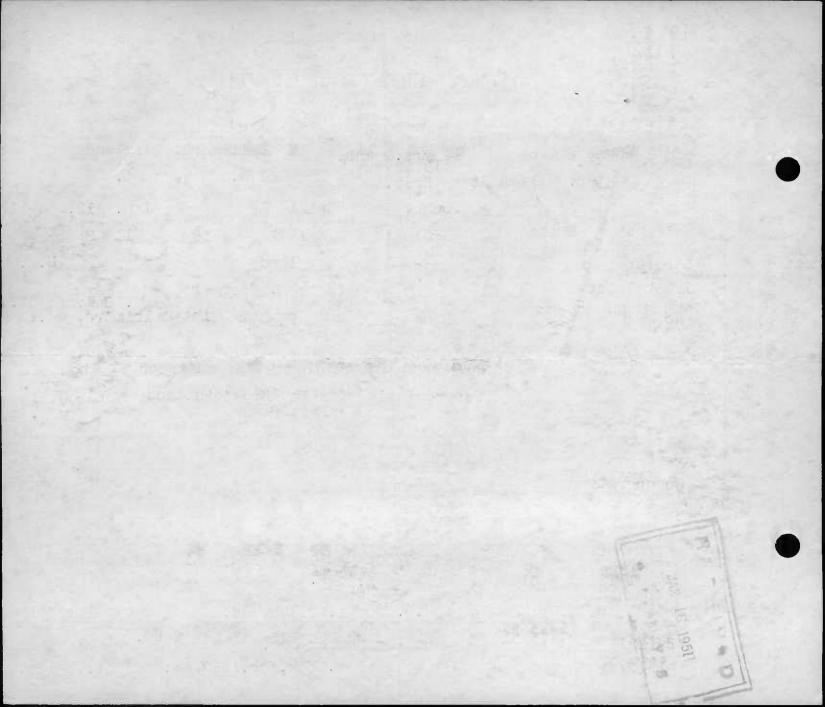
4						of Diber 14		
I. PLACE OF DEATH COUNTY	Parkville	MARYLAND	2. USUAL RESI	Marylan		ASED. COUNT	Parkvi]	lle
CITY (If outside co OR givo nearest TOWN	orporate limits, write RURA town) Baltimore	THE RESIDENCE OF COLUMN	CITY (If out OR TOWN	Baltimo		JRAL and gf	ve nearest town	1)
HOSPITAL OR INSTITUTION OF STREET ADDRES		Harford Road	STREET ADDRESS	8627 0	(If rural, give)		ad	
3. NAME OF DECEASED (Type or Print)	(First) Henr v	J. Fuhrman,	(Last) Sr	4.	DATE OF DEATH	(Month) Januar		(Year) 19 5
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Spendrried	8. DATE OF BI	RTH 9. A		lay If under	l year If under	er 24 hrs Min.
male 10a. USUAL OCCUPA done during most of w	White ATION (Give kind of work orking life, even if retired) ISPECTOR	10h. KIND OF BUSINESS OR INDUSTRY P.R.R.	11. BIRTHPLA	CE (State or fore	eign country)		2. CITIZEN OF COUNTRY?	WHAT
13. FATHER'S NAM	Henry Jame		14. MOTHER'S			1		
(Yes, no, or unknown)	ER IN U.S. ARMED FORCES!	1 16. SOCIAL SECURITY NO.	17. INFORMAN Mrs. Ed	T AND ADI	DRESS	27 016	Harfo	rd
	service)	18. MEDICAL CE		ma rain	mair, 00	-1 010	1 1101 10	1 4
I. DISEASES OR CO	NDITIONS DIRECTLY I		RIFICATION	0			INTERVAL BI ONSET AND	DEATH
- 11.	(4)	Carcinorn	dol. I	wer	C		12-1-	51
// / giving rise to		Generally	el m	Veeter	<u>y</u> :		**************************************	
5	(c)						E.	
related to the diseas	ting to the death hut not se or condition causing death							
19a. DATE OF OPER	RATION 19b. MAJOR F	INDINGS OF OPERATION					20. AUTOP	SYI
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office hidg., etc.)	(0	CITY OR TOWN	N)	(COUNTY)		No 🗆
	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID IN	JURY OCCUR	7			
	fy that I attended the	deceased from 12-	19.5 Qto	Jan Y	, 19. J. (th	nat I last s	saw the dece	ased
alive on SIGNATURE	4 Y , 19 5,/and	d that death occurred at	ADDRESS	from the cau	ses and on	the date st	tated above.	
favor	me Ho	ramel W.	371	1 Falls	, nd	(Fau 6,1	195
REMOVAL (Speci Burial	(y) 1/8/51	Parkwood	Cemetery	E	Baltimo	re, Mo	d.	ate)
DATE REC'D BY I	SZ REGISTRAR'S	W. Helica	Leonard		k, 530	5 Hari	ADDRESS ford Ro	
, , ,		1 .						



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

b	•				
1. PLACE OF DEATH	•		2. USUAL RESIDENCE (H	OME) OF DECEASED.	
COUNTY Balt	imore	MARYLAND	STATE Maryland	COUN	TY B
		L and LENGTH OF STAY	CITY (If outside corpora	te limits, write RURAL and	
OR give nearest	int Wilson	li vrs 9 m	C TOWN M Bal	timore, Maryl	and
HOSPITAL OR		13 days	STREET	(If rural, give location)	
INSTITUTION OR STREET ADDRES	s Mt. Wilson	State Hosb.	ADDRESS 943 N.	. Calvert St.	_/
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	John	Crommer	Geist	OF DEATH Jan.	12. 1951
5. SEX	6. COLOR OR RACE	7. SINGLE MARRIED.		9. AGE last birthday If und	er I year Hunder 24 hrs.
Male	White	WIDOWED, DIVORCED, (Specify) Single	2/4/1892	58 yrs. Month	as Days Hours Min.
10a. USUAL OCCUPA	TION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT
done during most of we	orking life, evon lf retired)	Industry Leave	Maryland		COUNTRY? U.S.
Laborer 13. FATHER'S NAMI	E	20000	14. MOTHER'S MAIDEN	NAME	0.0.
Jacob Ge:			Mary R. Cro	mmer	
15 WAS DECRASED EV	ER IN II S. ARMED FORCES	1 16. SOCIAL SECURITY NO.		ADDRESS 943 N.	Calvert St
(Yes, no or unknown)	(If yes, give war or dates of service)	f	John Crommer	Geist Baltim	one Md
NO	Bervice)	None 18. MEDICAL CE		GCIBO DAICIM	ore, ma.
			MILITER HOW		INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATE
Townsdinte	cange (a)	Pulmonary Tub	erculosis: fa	r advanced	About 12
Immediate	cause (*/		the market seems to the market of the seems	. The same and the same of the same and the	vrs.
XX Anteceden	t cause(s)	Tuberculosis	of right hip	joint and	About 12
Diseases or co	onditions, if any, (b) the above cause		left femur		
	iderlying cause last		Tel o lemai	•	yrs.
	(e)				
II. OTHER SIGNIFIC	ting to the death but not				
related to the diseas	e or condition causing deat				1 00 AYTTO DOVO
		INDINGS OF OPERATION			20. AUTOPSY?
No opera			· CAMPAL OF THE	CONT.	Yes Nox
21. ACCIDENT SUICIDE	OF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (COUNT	Y) (STATE)
HOMICIDE	INJU		i van bin niveri		
TIME (Month) OF	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCC	CURT	
INJURY	m.	Work At work			
00 T l l	C- 4L-4 T attended the	deceased from 3/30	1039 to 1/12	1057 that I look	som the deceased
22. I nereby certif	ly that I attended the	deceased non	, 13	, 15,4, that I last	saw the deceased
alive on 1/1	L2 19.51, an	d that death occurred at4.	30 P. m., from the	causes and on the date	stated above.
SIGNATURE		(Degree or title)	ADDRESS		DATE SIGNED
111.01 .	Me de sou	M.D.	Mt. Wilson, Md	1	1/12/51
23. BURIAL, CREM	TION DATE THERE			OCATION (City, town, or co	
REMOVAL (Speci BURIAL	(4) 1/15/51		1	Dant I man I the	and) (State)
DATE REC'D BY I	OCAL REGISTRAR'S	SIGNATURE (hurch Cem 1	R	ADDRESS
REG. 1/12/5	ST AL-O-		Wm Cook The	1217 St.Paul	
1/12/3	51 Dyellen	R. mayer	Time COOK, LIIC.	LATI DO FAUL	Du., Dallo.
		J		820105	III.O. 6
				0	



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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

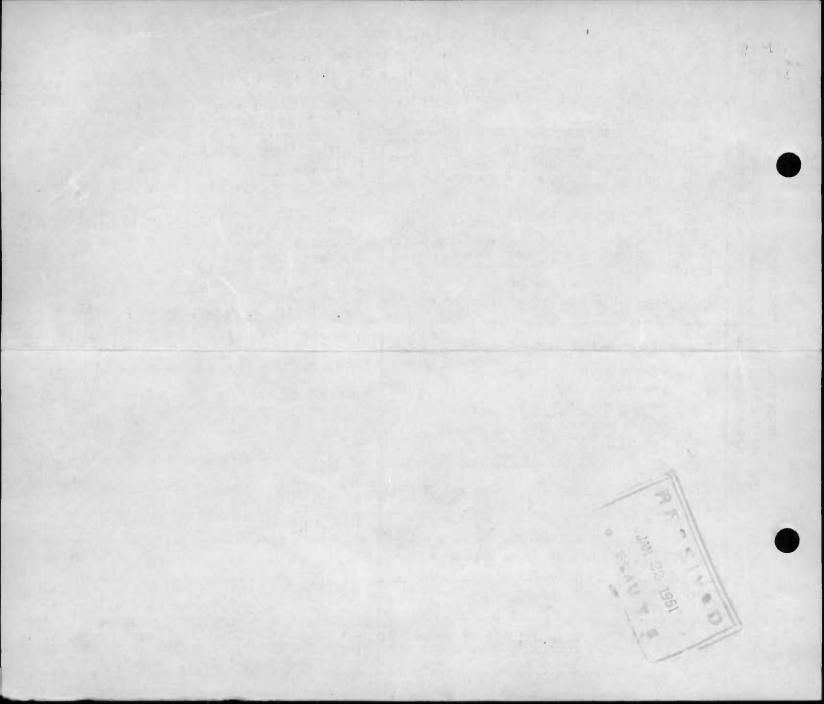
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1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED-	7
Be	altimore	MARYLAND	Maryland, Baltimo	re,
OR give nearest	propriete limits, write RUR	AL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN	town) Towson,	1 year	Town Towson,	
HOSPITAL OR		the Mission	STREET (If rural, give location)	
INSTITUTION OF STREET ADDRESS		the Sacred Heart.	ADDRESS 1001 West Joppa Road.	
3. NAME OF	(First)	(Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Sister Mary	Claude (Catherine	M. Geoghegan.) OF DEATH JAN 14	1951 19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	l year If under 24 hrs.
female	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	March 23,1883 67 yrs. Montas	Days Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
Missionary I	orking life, even if retired)	Industry	Ireland.	COUNTRY?
13. FATHER'S NAM		COTTAGILE	1 14. MOTHER'S MAIDEN NAME	J.D. B.R.
	John Geog	hegan.	Margaret Donnelly	
15 Was Decreased Es	ER IN U.S. ARMED FORCE	0 ,	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown)	(If yes, give war or dates service)	of		21 0 1/1
no	lservice)		Convent Records, 1001 W. Joppa I	id Towson, Ma
		18. MEDICAL CE	RTIFICATION	7
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO/DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(x h	- + 0 / dung.	21.6
- Immediate	cause (a)_\	Jesperdany	tacline from me totais	& WAZ.
Anteceden	t annaa(a)	11-	0 /	0.1
Diseases or c	onditions, if any, (b)	Ulercoke	Course	3 yes.
49 /- giving rise to	the above cause			
stating the u	nderlying cause last			0
II OTHER CICATES	CANT CONDITIONS			
Conditions contribu	ting to the death but not			
	se nr condition causing dea			
19a. DATE OF OPE	RATION 196. MAJOR	FINDINGS OF OPERATION		20. AUTOPSY?
				Yes No 🖳
21. ACCIDENT SUICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE	INJ	URY		
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY	m.	While at Not While Work At work		
22. I hereby certi	ify that I attended th	e deceased from dug	, 1950, to Jan/4, 19.51, that I last s	aw the deceased
			Am., from the causes and on the date st	
	19, ai	nd that death occurred at	Am., from the causes and on the date st	ated above.
SIGNATURE	1 000	(Degree or title)	ADDRESS	DATE SIGNED
lehou	estono		501 York Road.	11,5751
23. BURIAL, CREM.	ATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	, , , , , , , , , , , , , , , , , , , ,
REMOVAL (Spec	JAN 1/	1951 Convent C		Towson, Md.
DATE REC'D BY	LOCAL REGISTRAR'S		FUNERAL DIRECTOR	ADDRESS
REG.	- 51 1	8	Vernon Lemmon. 4611 Park He:	ights Ave.,
			baltamor	

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Baltimere	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Cape May
CITY (If outside corporate limits, write RURA OR give nearest town) Catensville		CITY (If outside corporate limits, write RURAL and give OR TOWN Stene Harber	'e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5313 Edmonds	Home son Avenue	STREET (If rural, give location)	1
3. NAME OF (First) DECEASED (Type or Print) EMMA MAI	(Middle) RIE GERHARD	(Last) 4. DATE (Month) OF DEATH January	(Day) (Year) 19,1951 19
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOW	8. DATE OF BIRTH 9. AGE last birthday If under Months.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY At Home	North Carelina	COUNTRY? USA
villiam A. Wenzel		14. MOTHER'S MAIDEN NAME Anna M. Reech	
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no or unknown) (If year, give war or dates of service) None	16. SOCIAL SECURITY No.	Mr. William J. Mayer, Tewsen, Ma	ryland
I. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH Cere Grae &		INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause (a) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	Culone	Hemartoge astroso Salvosia	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	h.		
19a. DATE OF OPERATION 19b. MAJOR F	INDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLAC OF INJU		(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the	e deceased from	, 1951, to	aw the deceased
SIGNATURE //	Howell	ADDRESS On the causes and on the date st	1-2-0
23. BURIAL, CREMATION DATE REMOVAL (Specify) Jan.21,19	51 Johnson Fune		use, N.J.
DATE REC'D BY LOCAL REGISTRAR'S REG. /- 20-51	Harry	John Burns' Sons, Towson, M	ADDRESS Maryland



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0201

CERTIFICA	TE OF DEATH Reg. Dist. No	
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Fort Howard 51 days	Y CITY (II outside corporate limits, write RURAL and giv OR Baltimore	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp., Ft. Howard, Md.	STREET (If rural, give location) ADDRESS 1227 E. Madison Street	• /
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) SAMUEL (NMT)	GILYARD OF Januar	y 19 19 51
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	S. DATE OF BIRTH 2. AGE last birthday II under	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY SUCCESSION OF BUSINESS OF LINDUSTRY	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	ODGE
Sammy Gilyard	Sarah Wilson	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	,
Yes	Clin.Rec., Vet.Adm. Hosp., Ft. Howa	rd, Md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RRHACE	INTERVAL BETWEEN ONSET AND DEATE MINUTES
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last ACTIVE	CHRONIC, PULMONARY, FAR ADVANCED,	UNKNOWN
(c) BRONCHOCUTANEOU		UNKNOWN
in other standard to be been seen and the seen of the	CULOUS	UNKNOWN
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY1
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that Vattended the deceased from Aug		
SIGNATURE Caul Paget (Degree or title)	ADDRESS	DATE SIGNED
PAUL PAUGET. M. D. JUHLEF. MEDICAL SERV	TERY OR CREMATORY LOCATION (City, town, or count	1-19-51
Burial Francisco San 22/5/ Beltimore	Baltimore, Mary	and .
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR Ida Snowden 1129 N. Caroline	ADDRESS
10.22, 1311 acadeanse	Raltimore, Maryla	

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
Tallucore MARYLAND	STATE Maryland COUNTY Balls
CITY (If outside corporate limits, write RURAL and LENGTH OF STAN	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR Paradisk Muraine House STREET ADDRESS Paradisk Muraine House Ave	STREET ADDRESS 1258 (If rural give location)
8. NAME OF DECEASED (Type or Priot) Catherine (Middle)	Slew DEATH farwary 22 195/
5. SEX 7 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OF INDUSTRY, NOW E	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
NICHOLAS GLEIM	KATHERING NEVERS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT
(res, no, or unknown) (if yes, give war or dates of WONE	MRS. JOHN BAYERNSCHMIDT
	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (a)	Julianary Ederica 20 migute
Antecedent cause(s)	125. 10 22 1. 1 1 2
Diseases or conditions, if any. (b)	of Chileros elevatic Cordio-lasente Character ?
134a giving rise to the above cause stating the underlying cause last	
(c)	
	enal Calculus 3yrs.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) INJURY	
TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Ork At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	19.45, to face 22, 19.57, that I last saw the deceased
	(124)0 (/
alive on 19. , and that death occurred at	ADDRESS DATE SIGNED
SIGNATURE (Degree or title)	1. 0.1
Carl Vass, Mix	4001 Wilhers Ceve 1-22-51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET REMOVAL (Specify) / 25/51 LOUDEN PA	TERY OR CREMATORY LOCATION (City, towo, or county) (State) RALTIMORE WE
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1/20/57 a. W. Hadrie	Q. J. S. Combrod 1328 Sulphur alking Reto
17	· VVVVVV

VS. A15

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0203

1. PLACE OF DEAT COUNTY BA	Itimore	MARYLAND	2. USUAL RESIDENCE Md.	(HOME) OF DECEA	COUNTY	Balton
CITY (If outside of OR give nearest TOWN	corporate limits, write RURA t town)		CITY (If outside corpo OR TOWN	rate limits, write RU	RAL and give m	earest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R 5912 Libe	orty Rd.	STREET ADDRESS 5912	Liberty Rd.	e location)	
3. NAME OF DECEASED (Type or Print)	(First) FILOMENA	(Middle)	(Last) GLORIOSO	4. DATE (OF DEATH	Month) (1	Day) (Year)
5. SEX female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH Oct. 22, 186	9. AGE last hirthda	y If under I y Months. D	rear If under 24 hrs. ays Hours Min.
Ion. USUAL OCCUP	PATION (Give kind of work corking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY at home	II. BIRTHPLACE (State		I2. C	CITIZEN OF WHAT
13. FATHER'S NAM Philip Fe	(E	TT. T. B. N. Albert	Josephine			
15. WAS DECKASED E	VER IN U.S. ARMED FORCES (If year, give war or dates of service)		17. INFORMANT AND Mr. Philip	ADDRESS	5912 Libe	arty Rd.
Immediat	ONDITIONS DIRECTLY				I	NTERVAL BETWEEN ONSET AND DEATH
Anteceder 93 d Diseases or giving rise t	nt cause(s) conditions, if any, (b) to the above cause underlying cause last (c)	//				
Conditions contrib	ICANT CONDITIONS uting to the death hut not use or condition causing deat	h				• • • • • • • • • • • • • • • • • • •
19a. DATE OF OPE	CRATION 19b. MAJOR B	INDINGS OF OPERATION				Yes No No
2I. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?		
Λ	,	d that death occurred at			he date state	
23. BURIAL, CREM REMOVAL (Spec BURIAL	eify) 2/3/51	Cathed	ral Com.	h St. LOCATION (City, to Balt	own, or county)	2/2/5-/ (State)
DATE REOD BY	LOCAL REGISTRAR'S	feduch	24. FUNERAL DIRECT	islener +x		allo Md
1		2	1/			

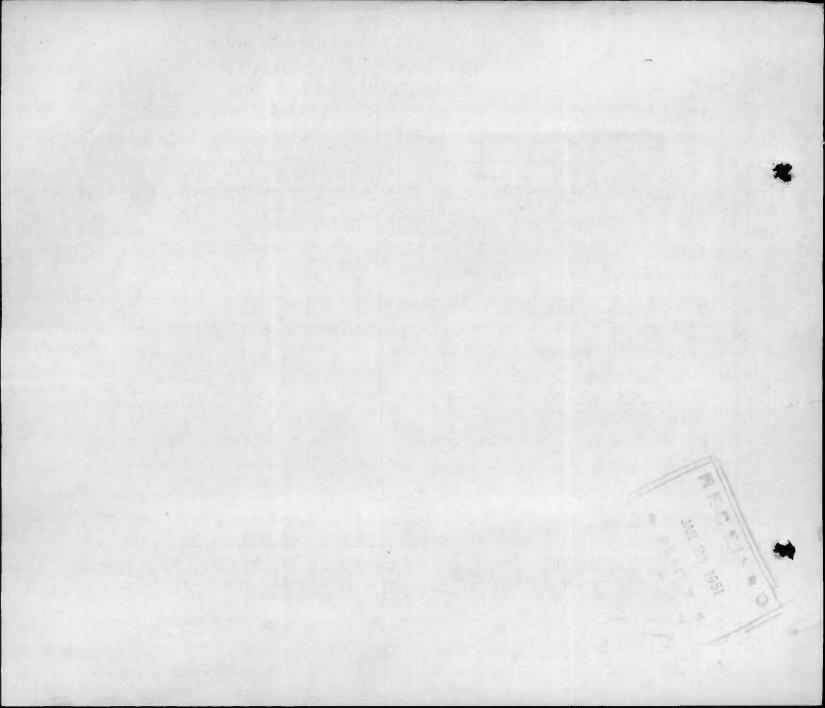
I. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

(204

COUNTY Balta MARYLAND	STATE COUNTY	3-01
CITY (If outside corporate-limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2602 Gehl an	STREET ADDRESS 9602 (If ru al give location)	n
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) OF DEATH Juny	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday Munder I Months yrs.	year If under 24 hrs Days Hours Min.
done during most of working life of en if retired) 10b. Kind of Business of Industry Industry	blaly	CITIZEN OF WHAT
13. FATHER'S NAME	Mary Curpun	~
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Mary Backman 2406	Smella
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause Antecedent cause(s) Diseases or conditions. If any, giving rise to the above cause stating the underlying cause last	ny heart disease	we so
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes No
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m, work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decefrom: natural causes ☐, accident ☐, suicide ☐, homicide ☐, SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG	used died on the dry stated above and death in my o	DATE SIGNED
	270	026



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH. Ballinge MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	ry Balts
CITY (If outside corporate limits, write RURAL and OR give nearest town) Albutts (in this place)	CITY (If outside corporate limits, write RURAL and g	rive nearest town)
HOSPITAL OR INSTITUTION OR 5528 Link - AVE	STREET ADDRESS 5 2 8 Lunn au .	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) JULIANNA	GOET Z OF DEATH Jan	4 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	1 0.1.29 1779 71 Month	er 1 year If under 24 hrs. By Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Stephen Boulwish	14. MOTHER'S MAIDEN NAME	7 7
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT SEIF - dough	to
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral Kre	workey	1 clay
33/X Antecedent cause(s) Diseases or conditions, if any, (b) Number Conditions	7	years
830 stating the underlying cause last		
11. O'THER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
my on		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(COUNTY	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not When INJURY m. Work At work	HOW DID INJURY OCCUR?	
19.	118. 110	
22. I hereby certify that I attended the deceased from		
alive on, 19.5., and that death occurred at (Degree or title)	ADDRESS and on the date s	stated above. DATE SIGNED
William Jodeman, M. D.	1334 herleben Springled	4 Jun 50
ASTOVAL Species 1-8-51 Holy	RY OR CREMATORY LOCATION (City, town or for	mty) mustate)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 15157 W. Hedrich	1 of by B. M. Walter	THE DESIGNATION OF THE PARTY OF
	7-7-1-1-1-1	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

	acos: Dibit	4.00
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUN	TY BOT.
Isalimore MARYLAND	Mayland	- vacumore
CITY (If outside corporate limits, write RURAL and LENGTH OF STA OR give nearest town)	Y CITY (If outside corporate limits, write RURAL and	give nearest town)
TOWN Codeworld Silting	TOWN Corleywelle	
HOSPITAL OR	STREET (I) rural, give location)	
INSTITUTION OR STREET ADDRESS Shewood Road	Shewood Ru	ad
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) William Himas	Guttette DEATH Long.	5 19 5
5. SEX 6. COLOR OR RACE 7. SINGLE, MAICHED,	8 DATE OF BIRTH 9. AGE last birthday If und	ler 1 year If under 24 hrs
WIDOWED, DIVORCED, (Specify)	May 21 10601 7 4718.1	hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business of	a ii. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
and during most of working ble even if retired Inpustry (which is	Hallo-Co. Md	USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
abram juffell	Clan Jens	
15. WAS DECEASED EVER IN U.S. ARMED FORES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give year) or dates of	17. INFORMANT AND ADDRESS	1 11. mil
service) (10 March	1 Mr. & hos . B. griffeld for	regorale ma
18. MEDICAL	CERTIFICATION //	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	V	ONSET AND DEATH
P. C.	Tan.	2.
Immediate cause (a) Corcinoma	loves	2420
	D +4	1, 4
Antecedent cause(s) Diseases or conditions, if any, (b)	arcinoma Prostato	lacers
giving rise to the above cause	The state of the s	
5/6 stating the underlying cause last	the Hant theorem	70
(e) Writing (constitution)	our Heart Violant	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
1944 Prostatectomy &	or Carcinoma	Yes No M
21. ACCIDENT (Specify) SUICIDE PLACE (Home, larm, lactory, super OF office bldg., etc.)	(CITY OR TOWN) (COUNT	TY) (STATE)
SUICIDE OF office bldg., etc.) INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
Intox:		
22. I hereby certify that I attended the deceased from Que	7. 1938, to, 195/., that I las	t saw the deceased
alive on		stated above. DATE SIGNED
SIGNATURE (Degree or title)		DATE SIGNED
Toke Howe Mis D.	3105 N. Charles St. Boll	D. 18. M.
23. BURIAL, CREMATION DATE THEREOF NAME OF CEME	TERY OR CREMATORY LOCATION (City, town, or ed	ounty) (State)
23. BURIAL CREMATION DATE DIETERS NAME OF CEME	3 Souls Ma	uland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	// ADDRESS /
REG. 1- 7-51 Wm Column	Manden m Production	al med 1
- 1 / / Samuella	· Samue III (224)	dy man
10	27 7	O. E.

Dr. Sines Hoplins 4246 Hoplin 2749
32030600000.

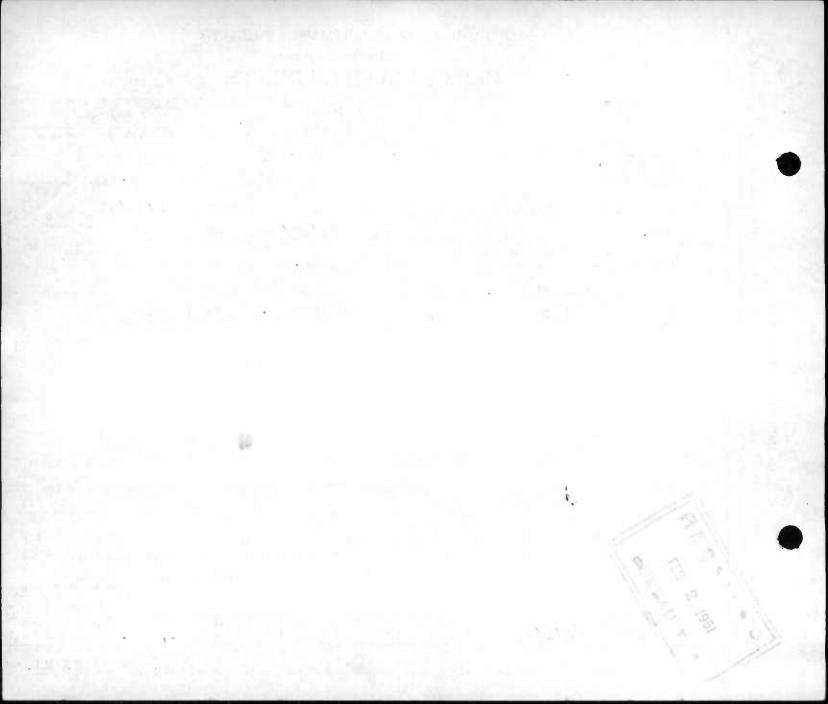
The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATII-	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	City
CYMPY (III	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town) Stoneleigh (in this place)	Town Baltimore	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Armacost Nursing Home	ADDRESS 314 S Newkirk St.	24) · /
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) Missouri (NMI) Grose	OF DEATH 1/30/51	19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	year If under 24 hrs.
6. SEX Fem. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	10/28/1862 88 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY		Country
HOUSEWife	14. MOTHER'S MAIDEN NAME	ODM
13. FATHER'S NAME		
Washington M. Grose	Vizelee Neil	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of NO	Sherman T. Grose (Son)	
18. MEDICAL CE	RTIFICATION	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
I. DISEASES OR CONDITIONS DIRECTED BEADING TO DEATE	MA	10
Immediate cause (a) Tuluurus	- allyblan	6 days.
Immediate cause (a)		
Antecedent cause(s)	V1	
Diseases or conditions, if any, (b) giving rise to the above cause		
stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		(SIAIB)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
	(7 V m 5)	
22. I hereby certify that I attended the deceased from the state of th		
		4 . 1 . 1
	2.30 P. m., from the causes and on the date st	ated above.
SIGNATURE () (Degree or title)	ADDRESS ADDRESS	DATE SIGNED
SIGNATURE (Degree or title)	ADDRESS LL. L. Lourder - LLL	DATE SIGNED
Johns Dely fr.	M. L. Louson-ell	1/30/5/
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	ADDRESS LL L. LOUSSU - LLL RY OR CREMATORY LOCATION (City, town, or count	1/30/5/
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE 2/1/51 Oak Lawn	M. L. Louson-ell	DATE SIGNED //30 // y) (State)
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVE USTEN 2/1/51 Oak Lawn DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	ADDRESS ADDRESS LOCATION (City, town, or count Balto, Md.	y) (State) ADDRESS
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE 2/1/51 Oak Lawn	ADDRESS ADDRESS LOCATION (City, town, or count Balto, Md.	DATE SIGNED //30 // y) (State)



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

OBKITTOMI	Reg. Dist. No.
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY
Dalumore Maryland	Maryland
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Fort Howard 10 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp., Ft. Howard, Md.	Address 701 Chapel Gate Lane
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) GEORGE A.	HANSSEN OF January 2 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	S. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hr
Male White (Specify) Married	1 2-0-77 DL ym.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on done during most of working life, even if retired) Industry Ballimore Sun Paper (Rural Route Mgr.)	Baltimore, Maryland 12. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John L. Hanssen	Georgia E. Fout
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of 272 02 2112	
	Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.
18. MEDICAL CE 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) CARCINOMA OF LIV	ER 2 years
156. Antecedent cause(s)	
· · · /Illicopomotic bando (b)	
Diseases or conditions, if any, (b)	00 00 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ho - stating the underlying cause last	
(e)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
ACCIDENTE (D. 16.) DIACE (Hama for foot or and	Yes No COUNTY (STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
22. I hereby certify that Wattended the deceased from Dec. 2	0:25 A.m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
MERIE S. SCHERR, M. D. Mele Jachen Wa-	VAH. FORT HOWARD. MARYIAND 1-2-51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) /- 5-57 Baltimore N	RY OR CREMATORY LOCATION (City, town, or county) (State) [ational Baltimore, Maryland
DATE RECO BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. /2 /C/ /-// NO Starter	Mm Macleman C. Come 27 11 2 22
-10/3/ VVV./reacus	
1 Luch	by: (B.V. (5) 1062 Baltimore, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0299

1. PLACE OF DEA COUNTY	Baltimore		2. USUAL RESIDENCE (COUNTY	
CITY (If outside	corporate limits, write RU.	MARYLAND RAL and LENGTH OF STAY	CITY (If outside corpor			
OR give neare		_ (in this place)		more 24	L and give ne	arest town)
HOSPITAL OR INSTITUTION STREET ADDR	OR Vet.Adm.Hos	sp.,Ft.Howard,Md.	STREET ADDRESS 253 S	(If rural, give lo		1
3. NAME OF	(First)	(Middle)	(Last)	14. DATE (Mo	onth) (D	ay) (Year)
(Type or Print)	LAWRENCE	J.	HARTMAN	OF DEATH Ja	nuary 1	
Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH	9. AGE last birthday		r (If under 24 hrs.
done during most of	JPATION (Give kind of work f working life, even if retired CTK	10b. KIND OF BUSINESS OR	Baltimore, Mar	or foreign country)		TIZEN OF WHAT
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN			
John Har	tman		Katie Rinecker			
15. WAS DECRASED	EVER IN U.S. ARMED FORCE	es? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS		
Yes	service) WAW T	None	Clin.Rec., Vet.	Adm. Hosp., Ft	.Howard	, Ma.
		18. MEDICAL CE	RTIFICATION			
I. DISEASES OR C	CONDITIONS DIRECTLY	LEADING TO DEATH			INT	TERVAL BETWEEN
		ACTED A 7 CHILLIAN TO				
HIOX Immedia	ate cause (a)	MITRAL STENOSIS		***** *********************************	U	NKNOWN
	ent cause(s)					
nn Diseases o	or conditions, if any, (b)	RHEUMATIC HEART	' DISEASE	**************************************	U	NKNOWN
	e to the above cause e underlying cause last					
	(c)				1	
Conditions contri	FICANT CONDITIONS ibuting to the death but not lease or condition causing de	ath.				
		FINDINGS OF OPERATION			1 20	AUTOPSY?
					- 12	es 🕅 No 🗆
21. ACCIDENT	(Specify) PL	ACE (Home, farm, factory, street,	(CITY OR	rown) (C	OUNTY)	(STATE)
SUICIDE HOMICIDE	OF IN.	office bidg., etc.)				(
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
			1			
22. I hereby cer		ne deceased from Dec.				
SIGNATURE	Paul Pack	nd that death occurred at	1:30. A. m., from the	causes and on the	date stated	above. ATE SIGNED
PAUL PA	100	HIEF, MEDICAL SERVI	ICE, VAH, FORT H	HOWARD, MARYT	T CIN A.	-11-51
23. BURIAL, CREE REMOVAL (Sp	MATION DATE/THERE	OF NAME OF CEMETE	RY OR CREMATORY I	LOCATION (City, town	, or county)	(State)
DATE REC'D BY	1/1/12/	Parkwood Ce	metery	Baltimore,		
PEC	L-51) Side and I was			_	DDRESS
1-10	2-3K1 1	U. Heaven	Clarence F. H		Acceptance of the second	oadway,
			360	906 Bal	timore,	Maryland

CERTIFICATE OF DEATH

0210

682536

	FOR MEDICA	L EXAMINERS	Reg Die	st. No	
1. PLACE OF DEATH		II 2. USUAL RESIDENCE (I			
COUNTY BALTIMOTE	MARYLAND	STATE MARYL		WY ALTIMAK	26
CITY (If outside corporate limits, write	RURAL and LENGTH OF STAY	CITY (Il outside corpor	ate limits, write RURAL a	nd give nearest town)	-
TOWN PIRESUIL	LE (In this place)		wille		
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS 101	Peisterston	Us Road	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month	(Day) (Ye	ar)
(Type or Print) VV/L13UR	JAMES	NASTINGS SR.	DEATH JAWUA	RY 12 19	5
male 6. COLOR OR R.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday If a Mc	onths Days Hours A	
10a USWAL OCCUPATION (Give kind o done dring most of working life, even if re	work 10h KIND OF BURINESS OF	January State Coulsky	//	12. CITIZEN OF W. COUNTRY?	HA
Harry Hasting		14. MOTHER'S MAIDEN	NAME Krause		
15. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16. SOCIAL SECURITY No.	17. INFORMANT AND A	DDRESS	101 Rustersle	in
(Yes, no, or which wan) (If yes, give war or	217-03-4443	Forese do.	Hastings.	Pikearlle?	-
	18. MEDICAL CI	ERTIFICATION		INTERVAL BETW	
I. DISEASES OR CONDITIONS DIRECT	CTLY LEADING TO DEATH			ONSET AND DE	
Immediate cause	(a) CORONARY THR	om Bosis		30 MIN	
			******* ************ **** *********		e ~= 00
420, Antecedent cause(s) Diseases or conditions, if any,	(b) ARTERIOSCLEROTI	CV. DISEASE		}	
9-2 A giving rise to the above cause			**************************************		
				1	
93d giving rise to the above cause stating the underlying cause last	(a)				
II. OTHER SIGNIFICANT CONDITIO	(c) NS				
II. OTHER SIGNIFICANT CONDITIO Conditions contributing to the death bu	t not				
II. OTHER SIGNIFICANT CONDITIO	t not ng death.			20. AUTOPSY?	
II. OTHER SIGNIFICANT CONDITIO Conditions contributing to the death bu related to the disease or condition causi	t not ng death.				
11. OTHER SIGNIFICANT CONDITIO Conditions contributing to the death bu related to the disease or condition causi 19a. DATE OF OPERATION 19b. MA 21. EXTERNAL CAUSE WAS	t not ng death. JOR FINDINGS OF OPERATION PLACE (Home, farm, factory, street,	(CITY OR 1	YOWN) (COU	20. AUTOPSY? Yes D No NTY) (STATE)	
11. OTHER SIGNIFICANT CONDITIO Conditions contributing to the death bu related to the disease or condition causi 19a. DATE OF OPERATION 19b. MA	t not ng death. JOR FINDINGS OF OPERATION	1	rown) (cou	Yes No	
II. OTHER SIGNIFICANT CONDITIO Conditions contributing to the death bu related to the disease or condition causi 19a. DATE OF OPERATION 19b. MA 21. EXTERNAL CAUSE WAS	t not not death. JOR FINDINGS OF OPERATION PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	CITY OF THE HOW DID INJURY OF	BAL	Yes No	

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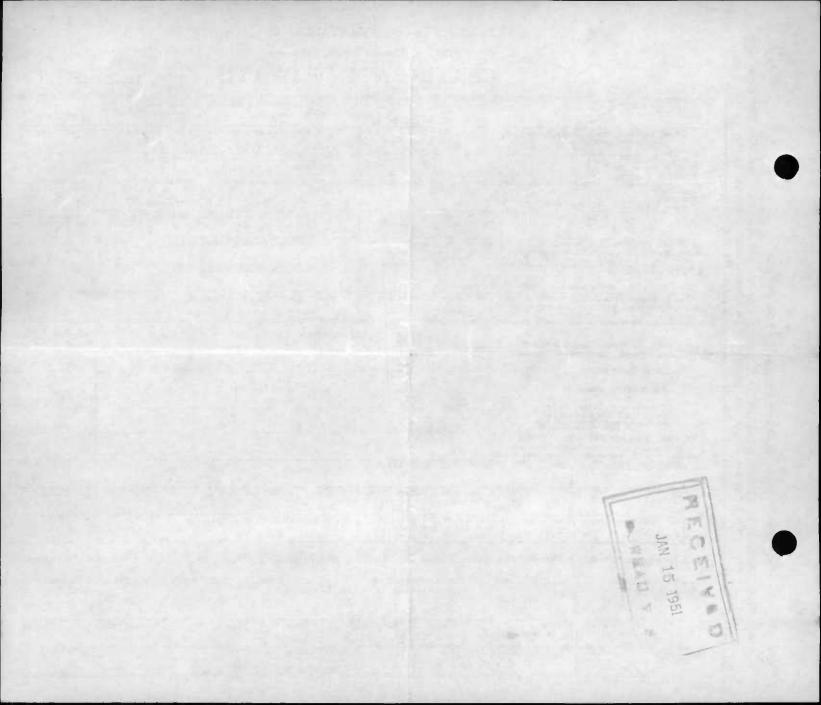
4903 Stafford MA 6 PM Horwood Gordens

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DRATE	BALTO.	MARYLAN	ND	2. USUAL RESIDENCE (H	OME) OF DECEAS	COUNTY	BALTO.	
		/In this	place)		NSVILLE		nearest town)	
HOSPITAL OR INSTITUTION OF STREET ADDRES	339	CREENLOW K	2).	STREET ADDRESS 339	(If rural, give GREENLO		٨	
3. NAME OF DECEASED (Type or Print)	(First) MARGAN			(Last) AULPLIPE	OF DEATH	Month)	// 1	ear) 95/
5. SEX	6. COLOR OR RA	(Specify) S/NG	LE	march 11, 1869	9. AGE last hirthday	Months.	Days Hours	Min.
done during most of C	ATION (Give kind of orking life, even if re	tired) INDUSTRY	N BESS OR	11. BIRTHPLACE (State or M.D.		12. C	CITIZEN OF WOUNTRY?	VHAT
13. FATHER'S NAM	elin) H	ulslik		14. MOTHER'S MAIDEN	NAME			
15. Was Duckasan Ev (Yes, no, or unknown)	(If year, give war or service)	CORCUS? 18. SOCIAL SECURIT	Y No.	17. INFORMANT AND MRS. MARGARET		9 GREE	NLOW R.	D
I. DISEASES OR CO	NDITIONS DIREC	TLY LEADING TO DEAT	H_/	RTIFICATION			INTERVAL BETT	
232 Immediate		(a) Waltak	we	mboses			xweeps	
83 Diseases or	onditions, if any,	(b) Severale 30	d W	terio scho sis		**************	in Pruox	<u></u>
stating the u	the above cause nderlying cause last	@ Orthrotes,	rle	matera			Cubruora	h
related to the disea	ting to the death bu se or condition causi	ng death.						
19a. DATE OF OPE	RATION 19b. MA	JOR FINDINGS OF OPER	ATION			141111	Yes N	0
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factor OF office hidg., etc.) INJURY	ry, street,	(CITY OR T		(COUNTY)	(STATE)	
TIME (Month) OF INJURY	(Day) (Year) (H	our) INJURY OCCURRE While at Not Wh Work At wo	ile	HOW DID INJURY OCC	CUR?			
22. I hereby cert	ify that I attend	ed the deceased from	mule	1, 1950, to James	, 19.51., tha	t I last sa	w the deceas	sed
alive on Tunne SIGNATURE	times 1.	, and that death occur (Degree or tit	1e) 804	Address Sunondson Ave	Ballingo	78 m	DATE SIGN	ED 451
23. BURIAL, CREM REMOVAL (Spec	ify) -	3-51 Ha	CEMETE!	elcemer	Balto	wn, or county	ma	e)
DATE REC'D BY REG./-/3-	S/ REGISTI	E. Jarry	0	24 FUNERAL DIRECTO	ey-Calon	wills	ADDRESS	
				0	0000	76		



information carefully. The conformation of death clearly and legibly.

causes

item

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1	0	4	6 1
- 1	R		

Reg. Diat. No.

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (H (For newborn infants give	OME) OF DECEASED: residence of mother)
State Med.	County Ballemore
City or town	Hown limits, write RURAL and give nearest town)

How long in above place of death? Hospitat, institution, or street address where death occurred: How long in hospitat or institution?				(If outside city of fown limits, write RURAL and give nearest town) Street No			
3. (a) FULL NAM				3. (b) Social Security	Number		
	Sister Me	7 xx	Pavia Hettrich				
4. Sex Ferrale	5. Cotor or race	8.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH Jan. 15.	at 6. 50 A		
7 Bulk dala of	or witeyr.) War. 16	6.0	(c) tf alive, give ageyea	21. I CERTIFY that death occurred on the date above stated; that I attended dec	19.5/		
8. AGE: Year	rs Months	Days	If tess than one dayhrsmir	Immediais cause of death Processia (Athypical)	DURATION 10 day		
10. Usual occupation. 11. Industry or busine 12. Name	Teacher ss Regarder	e Hel	frich	Due to Due to			
Address 17. BUR (Burial, crematio	Mary C.R. Udel Cl I A L n, or removal. Which tory NOTE	H Date the	reol	Where did injury occur?	d statistically. (State)		
1B. Funeral director-	Charl	es	NR Towson Seiler 9 St. Balto 14	Meens of Injury thjured at work?	W/S-		

C. Supply every in ADING INK. Physicians: p WITH UNFA PLAINLY, V is especially WRITE PLEASE

(Date rec'd by registrar)

.. 19 . \$ /

1. PLACE OF DEATH:
County Backering

VS. A15A

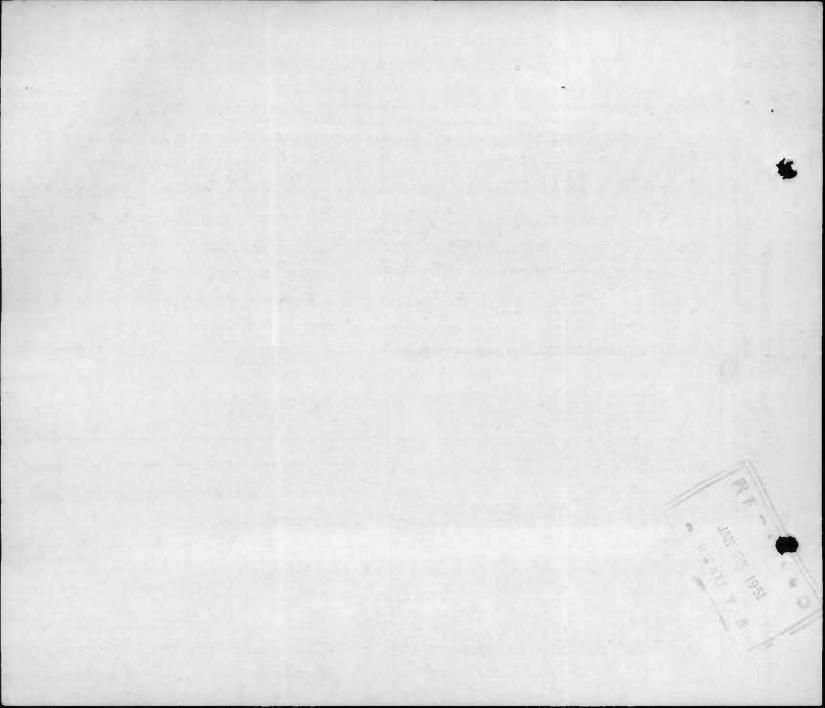
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

0213

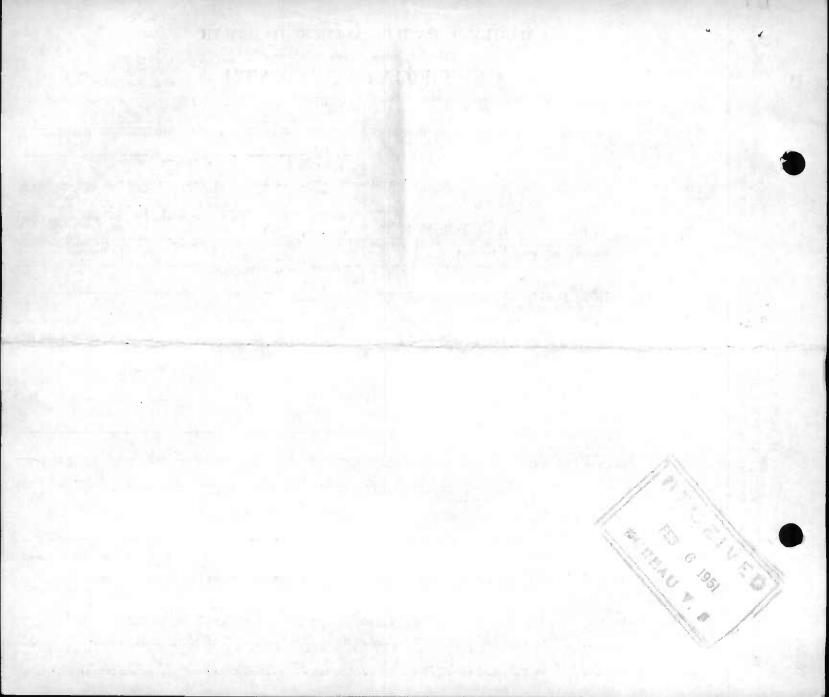
PLACE OF DEATH COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and ENGTH OF STAY (If the place) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) CITY (If outside Course) CITY (If outside Course) C			
CITY (If outside corporate limits, write RURAL and LENOTH OF STAY OF WATER OF BURNESS (ITY (II) outside corporate limits, write RURAL and give nearest town) Off the place of RURAL and give nearest town) Off the place of RURAL and give nearest town) Off the place of RURAL and give nearest town) Off the place of RURAL and give nearest town) Off the place of RURAL and give nearest town) Off the place of RURAL and give nearest town) Off the place of RURAL and give nearest town) Off the place of RURAL and give nearest town) Off the place of RURAL and give nearest town) Off the place of RURAL and give nearest town) Off the place of RURAL and give nearest town) Off the place of RURAL and give nearest town) Off the place of RURAL and give nearest town) Off the place of RURAL and give nearest town) Off the place of RURAL and give nearest town) Off the place of RURAL and give nearest town) Off the RURAL and give nearest town of the RURAL and give nearest town of the Annual and goods. Off the RURAL and give nearest town of the RURAL and give nearest town of the Annual and goods. Off the RURAL and give nearest town of the RURAL and give neares	COUNTY		Balla
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3. NAME OF (Prec) (Prec) (Mode) (Mod	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	II OR	e nearest town)
S. NAME OF DECRASED (Type or Print) DECRASED (HOSPITAL OR INSTITUTION OR // 9 80 // 0	STREET (If ru'al give location)	lecen
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, MIDDED, DIVORCED, MIDDEN, MI	3. NAME OF (First) (Middle)	To OF	-
Indicated to the disease or conditions and any related to the desare of conditions contributing contributin	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday Hunder I	year III under 24 hrs.
15. WAS DECRASED EVER IN U.S. ARRED FORCEST (Yes, no, or unknown) (If yes, give war or dates of the provided	deny during most of working life, even if retired INDUSTRY	md	
Is. MEDICAL CERTIFICATION Interval Between Ones and Death Interval Between Ones and Death	- Than Hobbe	Tennama Holl	1
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause tasting the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidgs, etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work Not while at work 100 pin and and accident 100 pin accide	(Yes, no, or unknown) (If yes, give war or dates of	It man /fifther	alon
Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b) Diseases or conditions, if any, (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not resisted to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, OF office bidg., etc.) 22. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, OF office bidg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Not while work at work at work at work at work at work of the dease of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes at accident , suicide , homicide , homicide , homicide , suicide , homicide , homicide , suicide , homicide	18. MEDICAL CE	RTIFICATION	1
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause ast tent the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No 20. AUTOPSY? Yes 10. AUTOPSY? Yes 10. AUTOPSY? Yes 10. AUTOPSY? Yes	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bidg, etc.) CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF Not while at work at work at work at work at work at work obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined . 22. BUNIAL CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) DATE SIGNATURE DATE REMYVAL (Specify) DATE REMYVAL (Specify) DATE REPORT BY LOCAL REGISTRARS SIGNATURE	420 Immediate cause (a)		1410 0000 00 000000000 00000000 00000000
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?	Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause	y heart disease	
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF OFFICE No. PLACE (Home, farm, factory, street, OF office Ndg., etc.) PRIMARY OR CONTRIBUTING OF OFFICE NO. OF OFFICE NG., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While INJURY OCCUR? OF INJURY 22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted from: natural causes accident suicide, homicide, undetermined SIGNATURE 23. BURIAL, CREMATION DATE/THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) DATE RECORD BY LOCAL REGISTRAR'S SIGNATURE ADDRESS ADDRESS ADDRESS	H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
21. EXTERNAL CAUSE WAS PRIMARY ☐ OF COUNTY ☐ OF Office bidg., etc.) PRIMARY ☐ OR CONTRIBUTING ☐ OF Office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at work ☐ HOW DID INJURY OCCUR? OF INJURY 22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted from: natural causes ☐ decident ☐, suicide ☐, homicide ☐, undetermined ☐. SIGNATURE 23. BUNIAL. CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS ADDRESS ADDRESS			20. AUTOPSY?
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF While at Not while work Not while Not while Not work Not while Not while Not work Not work Not while Not work Not w	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) LIMBER OF DEATH	(CITY OR TOWN) (COUNTY)	
obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident accident, suicide to homicide to undetermined to DATE SIGNATURE (Degree or title) 23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAB'S SIGNATURE ADDRESS	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?	
Jayros Jerke fra the share impleding	obtained by said Autopsy, Inspection or Inquiry, find that said decerfrom: natural causes a accident , suicide , homicide , SIGNATURE 23. BURIAL. CREMATION DATE THEREOF NAME OF CEMETE. REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	wised died on the day stated above, and death in my a undetermined APDRESS Bell O O Leader ON (City, town, or count; of the count; of th	DATE SIGNED - 2 2 57 (State)
	- Jayres - Lerkeiffel	1 com males onn	elenig



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Baltimore MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland Balt 1900 Te			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN (in this place)			OR Glynd	rate limits, write RURA	L and give nearest town)	
HOSPITAL OR INSTITUTION OF STREET ADDRESSED	R Wauch Are		STREET ADDRESS	(If rural, give lo augh Ave.	eation)	
3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Ransom	(Last) Holley		(Year) .30,1951	
5. SEX Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify ATT1EO	8. DATE OF BIRTH Nov. 7, 1907	9. AGE last birthday 43 yrs.	If under 1 year If under 24 hrs. Months Days Hours Min.	
10a. USUAL OCCUP done during most of	PATION (Give kind of work working life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Downs, Kansa		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAM	d H.Ransom		Hallen Vri			
15. WAS DECEASED E	EVER IN U.S. ARMED FORCES (If yes, give war or dates of service)		17. INFORMANT C. Brooks Hol:	ley,Glyndon	, Md .	
		18. MEDICAL CE	RTIFICATION			
I. DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH	
153 Immedia	te cause (a)	metastatic E	arcinoma Z	5 Brain.	2 whs.	
116 2 Diseases or giving rise t	ont cause(s) conditions, if any, to the above cause underlying cause last	Earciroma	of Signo	id.	4 gra	
II OMUMA SIGNIM	(c)					
Conditions contrib	ICANT CONDITIONS uting to the death but not ase or condition causing deat					
- 40		INDINGS OF OPERATION	10.		20. AUTOPSY?	
4 4		arcinoma 7	CITY OR	MOMAN) (O	Yes No R	
21. ACCIDENT SUICIDE HOMICIDE	mone OF INJU		ne.		OUNTY) (STATE)	
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCURY		
22. I hereby cer	tify that I attended the	deceased from 11-29	, 1950:, to	30, 1951, that	I last saw the deceased	
SIGNATURE		d that death occurred at	3 7 m., from the	e eauses and on the	date stated above. DATE SIGNED	
8.2.8	saples	m.D~	Reistorsto	ion, Ind	2-1-15-1	
23. BURIAL, CREM REVIOVAL (Spe	IATION DATE THERE		S	LOCATION (City, town Reistersto	, , , , , , , , , , , , , , , , , , , ,	
DATE REC'D BY REG	LOCAL REGISTRAR'S	SIGNATURE	J.F.Eline &	OR	ADDRESS	



2411 N. Charles Street, Baitimore

CEDTIFICATE OF DEATH

	•	CERTIFICAT	E OF DEAT	Reg. Dist. No	47
1. PLACE OF DEAT		SV.	2. USUAL RESIDENCE (I		
COUNTY	Baltimore	MARYLAND	STATE Maryla	and county	r .
CITY (If outside of OR give neares	orporate limits, write RUR. t town) Ort Howard		CITY (If outside corpor OR Baltin	ate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRE	R Wet Adm Hoer	.,Ft.Howard,Md.	STREET	(If rural, give location) enrietta Street	V
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	WILLIAM	M	HOLMES	OF DEATH January	
5. SEX Male	6. Color or RACE Colored	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) Married-Set	S. DATE OF BIRTH	9. AGE last birtbday If under Months	I year If under 24 hrm.
102 USUAL OCCUP	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of		CITIZEN OF WHAT
13. FATHER'S NAM	1E	ou was	Middlesex Co	NAME Virginia	USA
John Holm			Vina Curtis	***************************************	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)	7 16. SOCIAL SECURITY No. 711-07-5592	17. INFORMANT AND	ADDRESS et.Adm.Hosp.,Ft.Ho	oward.Md.
100	iscretely in I	18. MEDICAL CEI			1
I DISEASES OF CO	ONDITIONS DIRECTLY				INTERVAL BETWEEN ONSET AND DEATH
	nt cause(s)		OR POSTERIOR CEN		TIATIF ADDRESA
giving rise t	conditions, if any, (b) the above cause anderlying cause last (c)	WITH COMPLETE O	CCLUSION AND IN	FARCTS OF BRAIN	UNKNOWN
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing deat	h.			
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR 1	COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby cert	ify that Nattended the	e deceased from Sept. 20	0., 19.50, to Jan.	7, 19.51, XKADIXIA PA	LANCE AND
SIGNATURE.	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	d that death occurred at? (Degree or title)	2:05Pm., from the	causes and on the date sta	ated above. DATE SIGNED
	EEMAN, M. D	ACTING CHIEF. MEDI	CAL SERVICE. VA	H. FORT HOWARD. M	D. 1-8-51
23. BURIAL, CREM REMOVAL (Special)		NAME OF CEMETER 1957 Baltimore Na	RY OR CREMATORY I	OCATION (City, town, or count Baltimore, Maryla	y) (State)
DATE REC'D, BY		SIGNATURE	24. FUNERAL DIRECTO		ADDRESS
REG.	151 a. 1	U- Aldrend	Mrs. Katie R. V	Villiams 322 N. S	Schroeder St
1		JT	44-	9,2 Baltimor	ce, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(214

1. PLACE OF DEATH.	2. USUAL RESIDENCE (H		
COUNTY Baltimore MARYLAND	STATE Maryland	COUNTY	K.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporat	e limits, write RURAL and give	e nearest town)
TOWN TOWSON 2 (in this place) yrs. 4 mos.	OR TOWN Baltim	ore	
HOSPITAL OR	STREET	(If rural, give location)	
STREET ADDRESS The Sheppard & Enoch Pratt Hos	ADDRESS 2001 Pa	rk Avenue	
3. NAME OF (First) (Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) Gertrude	Holt	DEATH 1	17 19 51
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.		. AGE last birthday If under	1 year If under 24 hrs.
Female White WIDOWED, DIVORCED, (Specify) Single	July 5, 1875	75 yrs. Months	Days Hours Min.
	11. BIRTHPLACE (State or	loreign country) 12	CITIZEN OF WHAT
done during most of working life, even if retired) None 10b. Kind of Business of Industry	Baltimore		Country's A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
Chalkley Holt	Rachel Shan	non	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(Yes, no, or unknown) (Il yes, give war or dates of service)	HOSPITAL F		
NO service) 18. MEDICAL CE		LECORUS	1
	RIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	,		ONSET AND DEATH
Immediate course (a) Pulmon any L	emowhaco	1000	Tenunal
334 Immediate cause (a)			
Antecedent cause(s)	-0		3 +
Diseases or conditions, if any, (b) 7 - 10 aly	anonosec	erosis	3741
giving rise to the above cause stating the underlying cause last			
(c)			
11. OTHER SIGNIFICANT CONDITIONS	. 11 10 0	1 +	
Conditions contributing to the death but not related to the disease or condition causing death.	with Cerebral,	Freno scleron	39v+
19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
			Yes X No I
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TO	OWN) (COUNTY)	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(022.2.017.2.	(0001122)	(0*1122)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCC	UR1	
OF INJURY m. While at Not While Work At work			
	2 110 1- 11	7 51	
22. I hereby certify that I attended the deceased from Aug 20	, 19.7.2, to /241	19, that I last s	aw the deceased
alive on 19417 , 1951, and that death occurred at.	2 45 - 10000 100	d the date	atad abass
SIGNATURE (Degree or title)	ADDRESS	causes and on the date st	DATE SIGNED
THE SHEPPAR	D & ENOCH PRATT	HOSPITAL	SATE STORED
M. Clam. Min.	1 owson	-4, Ma	17/5/
	AY OR CREMATORY LO	CATION (City, town, or coun	ty) (State)
REMOVAL (Specify) 1-19-5/ Friend	2 Semeleny	Jalla. M	a.
DATE LEC'D BY LOCAL RECHSTRAR'S SIGNATURE	2 FUNERAL DIRECTOR	111	ADDRESS
REGIO CONTRACTOR DE LA			
	3 Lewant	MOWUMO.	really.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0217

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY	i. D		2. USUAL RESIDENCE		COUNTY
	DaITO	(MARYLAND)	m.1	13GITA	
OR give nearest TOWN	towh) Ballo	LENGTH OF STAY (in this place)	CITY (If outside corpo OR TOWN Be	rate limits, write RURAI	and give nearest town)
HOSPITAL OR	124/10	-0 1 FIFE	STREET	(If rural give loca	
INSTITUTION OF		,	ADDRESS	(II rurai give loci	Rtion)
STREET ADDRES	S 1401. Ho.	uberg Ave	140	1. Hamber	GAVR
8. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mor	nth) (Day) (Year)
(Type or Print)	ANTON	/-	tomberg	OF DEATH	AN 23 1951
S. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birtbday	If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		1 12. CITIZEN OF WHAT
done during most of w	orking life, even if retired)	INDUSTRY OWN Farm	Balt	C D	Country?
3. FATHER'S NAM	E		14. MOTHER'S MAIDE	NAME	
1.		La company of the com	1	7	
15 WAS DESCRIPTION NO	VER IN U.S. ARMED FORCES	3? 16. SOCIAL SECURITY NO.	17. INFORMANT	roelle	
Yes, no. or unknown)	(If yes, give war or dates	011	1		
	service)	1216-07-8541	MYSJECKATTO	Sassard. 140	1. Homberg Aye
		18. MEDICAL CE			
DISEASES OF CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN
. DISEASES OIL CO	ADITIONS DIRECTLI	LEADING TO DEATH) (1)	0 1	ONSET AND DEATE
		Dundle 15	sauch al	locks	7 44
Immediat	e cause (a)	0,000			
20, D Antocodor	nt cause(s)	2	1 9 11	Le S	
	conditions, if any, (b)	alero- sel	erosa Head	- Trace	ce unhuman
46 0 giving rise to	the above cause	And 10 70 70 80 80 80 80 80 80 80 80 80 80 80 80 80			
stating the u	nderlying cause last				
	(e)	taremon			
Conditions contribu	CANT CONDITIONS sting to the death but not se or condition causing deat	Carenon	a of Non	rach	2 212
		FINDINGS OF OPERATION	11		L an AVIMODOVA
198. DALE OF OPE	LATION 198. MIAJOR I	FINDINGS OF OPERATION	V		20. AUTOPSYT
					Yes 🗆 No 🖸
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAO OF INJI	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	TOWN) (CC	OUNTY) (STATE)
		I INJURY OCCURRED	HOW DID INJURY OF	CUR?	
OF		While at Not While	HOW DID INSULT OF	3	
INJURY	m.	Work At work			
		20-00	US . A.	23 55/	
22. I hereby cepti	ly that I attended the	e deceased from May	, 19, to	, 19, that I	last saw the deceased
		d that death occurred at	~ unD		
alive on Alexander	, 19 an	d that death occurred at	m., from the	causes and on the	
SIGNATURE	1/1/2	(Degree or title)	ADDRESS	1 0	DATE SIGNED
Essen	h hay	4 22	422 Evelen	- seve Wal	0. 2/ 1/20/
	1200	~ (my you
23. BURIAL, CREMA	ATION DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town,	or county) (State)
REMOVAL (Speci		TI Zion.tu	Th - C 2 200	P	Balto, co and
DATE REC'D BY I			1 24. FUNERAL DIRECTO	OR.	ADDRESS
REG.			1 A DINEELI	4	B
Jan. 26.19	JI ama	educe	Idassalm Ju	neral Hame)	tol Pelair Rd
1)		17 /			
					225906

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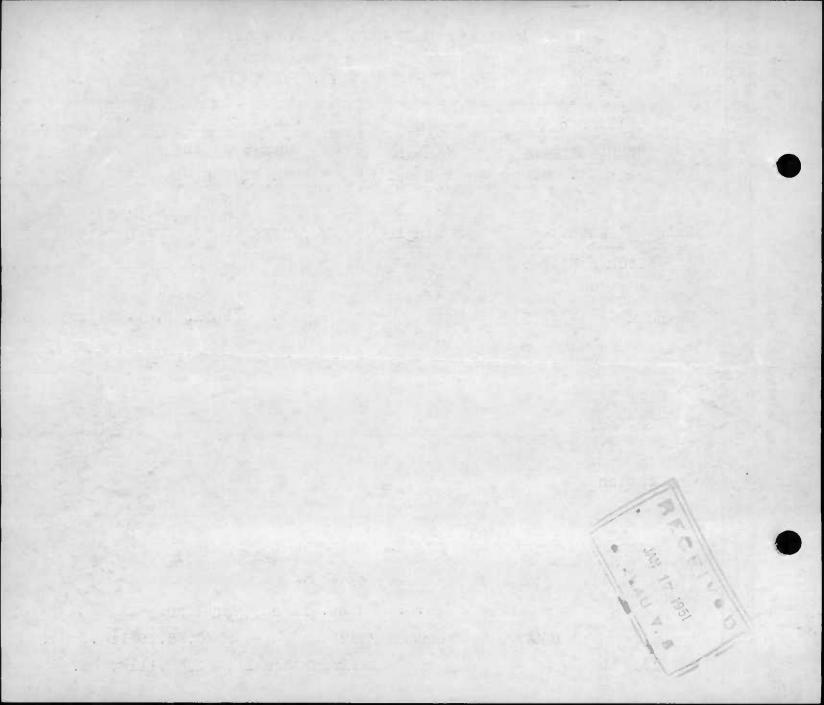
VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Bal	timore	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Balto.
CITY (If outside co	orporate limits, write RURA town) Wilson		CITY (If outside corporate limits, write RURAL and give OR Mount Wilson	e nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES		State Hospital	STREET (If rural, give location) ADDRESSIT. Wilson State Hosp	oital %
3. NAME OF	(First)	(Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	Roy	E. Ho	ousholder DEATH Jan. 1	5. 1957
Male Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE	8. DATE OF BIRTH 9. AGE last birthday If under	Days Hours Min.
10a. USUAL OCCUPA done during most of w	ATION (Give kind of work orking life, even if retired) AEN Helper	10b. KIND OF BUSINESS OR INDUSTRY		COUNTRY?
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN NAME	
Unkn	own		Unknown	
15. WAS DECRASED EV	VER IN U.S. ARMED FORCES	1 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yenno or unknown)	(If yes, give war or dates o service)	None	Roy E. Housholder, Mt. Wil	son. Md.
		18. MEDICAL CE		
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Immediate	e cause (a)C	Carcinoma of th	e Lung	3 or 4 yr
163 X Anteceden	it cause(s)			
Diseases or o	conditions, if any, (b) the above cause nderlying cause last			-0 PQ PT PT 1-000000000000000000000000000000000000
	(c)			
11. OTHER SIGNIFI Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing death	h.		
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION		20. AUTOPSY?
No operation	on			Yes No ZO
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
	ify that I attended the	deceased from 4/22	, 19.50, to 1/15 , 19.51, that I last s	aw the deceased
alive on 1			5. 3.5. A.m., from the causes and on the date st	
Emm	P. Saw	v. M.D.	Mt.Wilson, Maryland	1/15/51
23. BURIAL, CREM RECOVAL (Spec	(b) 1/17/5]	L Louden Pa		., Md.
DATE BECT BY REG. 1/15/5	LOCAL REGISTRAR'S	SIGNATURE P. Mayor	Frank Newell, Pikesville,	ADDRESS
			220826	
•			100000)



The correct age

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimo	241	1 N.	Charles	Street.	Baltimor
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Evidence for change MARYLAND STATE DEF	PARTMENT OF HEALTH	19
. !! -	Street, Baltimore	
AM No. G 1 C JAN 25 1951 CERTIFICAT	TE OF DEATH Reg. Dist. No.	0
I. PLACE OF DEATH- COUNTY COUNTY COUNTY COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Dalto
CITY (If outside corporate limits, write RURAL and OR give nearest town) 5 5 (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN ESSE	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 107 Plyers of Rd.	STREET (If rural, give locatioo) ADDRESS / O 7 R / v e v & 1 d P	Rd.
3. NAME OF (First) (Middle) DECEASED (Type or Priot) (MSSLEY)	HUGHES 4. DATE (Month) OF DEATH	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months.	1 year Il under 24 hr Days Hours Min
10a. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired) 10b. Kind of Business on Industray 10c. Lindustray	Balto. Co. Md.	COUNTRY? 2.5 A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	1
(Yes, no, or unknown) (If year, give war or dates of service)	Mrs. J. W. Hug hes 107 17	iversidal
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 443x Immediate cause Antecedent cause(s)	nang edema	ONSET AND DEATH
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions cootributing to the death but not related to the disease or condition causing death.		10 00 00 00 00 00 00 00 00 00 00 00 00 0
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Work At work	HOW DID INJURY OCCUR?	
Q. Lowis Kaladay, M	ADDRESS APP OR CREMATORY LOCATION (City, town, or coun	ated above. DATE SIGNED
	24. FUNERAL DIRECTOR	ADDRESS .
REG. 4 5		101 Belair

0220

CERTIFICATE OF DEATH

Reg. Dist. No. 38

58121

I. PLACE OF DEATH COUNTY	Baltimere		2. USUAL RESIDENCE STATE Balti		COUNTY	
CITY (II outside se		MARYLAND AL and LENGTH OF STAY			0.110.41	Maryland
OR give nearest	town) Carney	(in this place)	CITY (If outside corpo OR TOWN Carney			e nearest town)
HOSPITAL OR INSTITUTION OR			STREET ADDRESS		give location)	
STREET ADDRES	s 7 Fuller	Avenge	ADDRESS 7 F	uller Aver	ue	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day) (Year)
(Type or Print)	GOTTLEIB	JOHN HUTSCHENE	EUTER	OF	Jan	8 195
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9 AGE last birt	hdry If under	year If under 24 hrs
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	June 15, 1902	-1740	yrs. Months	Days Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country		CITIZEN OF WHAT
Reefing Con	orking life, even if retired)	Self Employed	Maryland			COUNTRYTUSA
13. FATHER'S NAM			14. MOTHER'S MAIDE	N NAME	-	
A.	lbert Hutschen	reuter	Anna Blo	ei		
15. WAS DECRASED EV	ER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT			
(144, do, or unknown)	(If yes, give war or dates service) Nemo	ot	Mrs. Marie Hu	tschenreut	er. Carn	ev. Md.
		18. MEDICAL CE	RTIFICATION			1
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH .	1	4		INTERVAL BETWEEN ONSET AND DEATH
		(1). 1. 1. 1. 1.		. /		
Immediate	cause (a)	Us fluggery "	anging: Sui	use		Sudden
974X	4	100000				
Anteceden	r cause(s) conditions, if any, (b)	Melancolia	V V			24r+
Meda, giving rise to	the above cause		***************************************	***********************************	33-33+	
stating the un	nder'ying cause last					
II. OTHER SIGNIFIC	CANT CONDITIONS ting to the death but not					
	e or condition causing deal					
198. DATE OF OPER	CATION 196. MAJOR	FINDINGS OF OPERATION				20. AUTOPSY?
OI VINTEDALAL CAL	TOP WAS A DEATH	60 M	(Crmvs C.D.			Yes 🗆 No 🧸
21. EXTERNAL CAU PRIMARY OR CO CAUSE OF DEATH	NTRIBUTING TO OF	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OR	TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY O	CCUR?		
OF INJURY	m.	While at Not while work at work				
			· · ·			
		iins described above, held an A r Inquiry, find that said dece				
from: natural	causes \(\pi\). occident \(\pi\)], suicide K homicide [],	undetermined \square .	ieu doste, ana t	with the my	opinion resuited
SIGNATURE	100 ///	(Degree or title)	ADDRESS			DATE SIGNED
1/14	11: 10	41 (11)	DYLE			11.1.
	Muc V.	war Ind	LM E.			/10/51
23. BURIAT: CREMA REMOVAL (Speci	TION DATE THERE		RY OR CREMATORY	LOCATION (City		
	Jan.11.1	951 Ziem Luthern	Cemetery	Stemmers	Run, Mar	
DATE REC'D BY I		1 2	24. FUNERAL DIRECT		m Masser 1	ADDRESS
1/11/	57 1 13.0	V. Hadue	John Burns' S	ons, lowse	H, MELYI	a ma

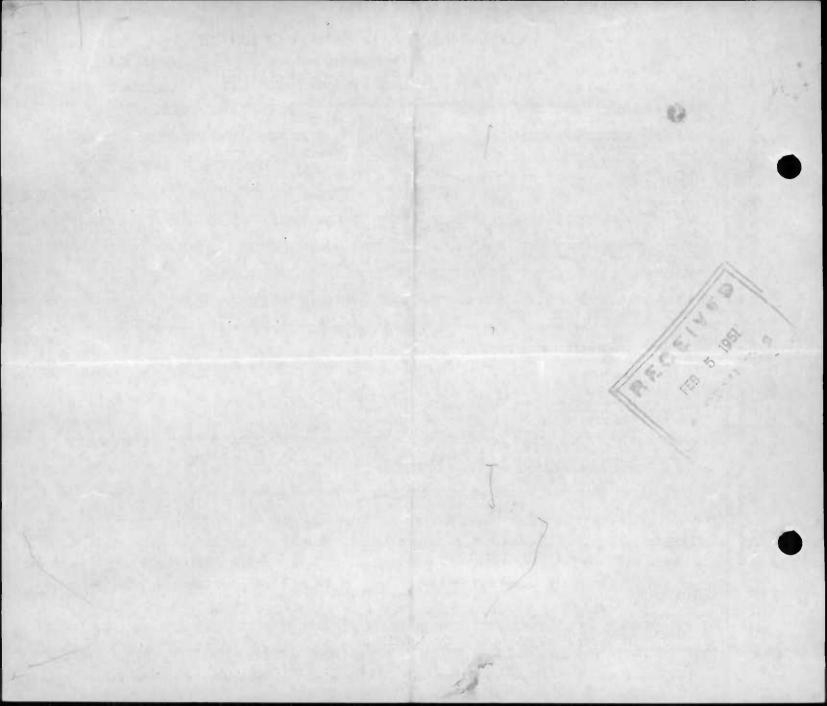
PLEASE WRITE PA

MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

CITY (If outside corporates limits, write RURAL and library for the corporates limits, write RURAL and give nearest town) Will love	1. PLACE OF DEATH Baltimore		2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
HOSPITAL OR INSTITUTION OR KATHERIAE ROBB MUTSING HOME 3. NAME OF PARKET ADDRESS 5 N. KOSSUTH STOCK 3. NAME OF PARKET ADDRESS 5 N. KOSSUTH STOCK 3. NAME OF PARKET ADDRESS 5 N. KOSSUTH STOCK 3. NAME OF PARKET ADDRESS 5 N. KOSSUTH STOCK 4. DATE (Month) 28 (Day) (Year) 5. SEX 6. COLOR OR RACE 4. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. Oct. 20, 1893 55 yr. Months Days Hours Min. 6. SEX 6. SEX 6. COLOR OR RACE 8. SUBLA OCCUPATION (Give kind of work 100.	CITY (If outside corporate limits, write RURAL and LENGTH O	FSTAY	CITY (If outside corporate limits, write RURAL and give nearest town) OR
DECEASED OTYPE OF Print) DEATH	HOSPITAL OR INSTITUTION OR Katherine Robb Mursing I	Home	STREET (If rural, give location)
Temporaries White Windowsky Diversity Oct. 20, 1892 58 yrs. Months Days Months Days Months Min. Specify Diversity Oct. 20, 1892 58 yrs. Months Days Months Min.	OFCEASED (Type or Print) Eva Marie Hyde		OF
done during most adverting life, even if retired) 13. FATHER'S NAME Fred Beck 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS Clinton M. Hyde, 884 Benninghaus Road 18. MEDICAL CERTIFICATION 19. DATE OF OPERATION 21. ACCIDENT OF OF OF OF OF OF OF OF OF O	female white WIDOWED, DIVO	RCFBd	Oct. 20, 1892 58 yrs. Months Days Hours Min.
Fred Beck 15. Was Deckased Even In I. S. Anned Forces? (Yes, no, or unknown) (If yes, dive war or dates of service) 16. Social Security No. 17. Informant and additions (Yes, no, or unknown) (If yes, dive war or dates of service) 18. Medical Certification 18. Medical Certification 19. Diseases or Conditions directly Leading to Death 19. Antecedent cause (a)	done during most of working life, evon If retired) INDUSTRY	VESS OR	Baltimore, Maryland COUNTRY?
15. WAS DECASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(Iyes, give war or dates of service)] 16. SOCIAL SECURITY NO. [17. INFORMANT AND ADDRESS CLINTON M. Hyde, 884 Benninghaus Road 18. MEDICAL CERTIFICATION 19. DATE OF OTERATION 19. MAJOR FINDINGS OF OPERATION 20. AUTOPSY: 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, of fine bidg, etc.) 22. AUTOPSY: 23. DATE OF OTERATION (Day) (Year) (Hour) INJURY OCCURRED While at Not While			
(c) Clinton M. Hyde, 884 Benninghaus Road 18. MEDICAL CERTIFICATION 19. DATE cause is an interval Berween Onsert and Death 20. AUTOPSY AND DEATH 21. OTHER SIGNIFICANT CONDITIONS 22. AUTOPSY AND COUNTY 23. AUTOPSY AND DEATH 24. AUTOPSY AND COUNTY 25. AUTOPSY AND DEATH 26. AUTOPSY AND DEATH 27. NO DEATH 28. AUTOPSY AND DEATH 29. AUTOPSY AND DEATH 29. AUTOPSY AND DEATH 20. AUTOPSY AND DEATH 21. ACCIDENT SUCCIDE 19. DATE (Specify) 19. DACE (Home, farm, factory, street, OCITY OR TOWN) 21. ACCIDENT SUCCIDE 19. DATE (Specify) 19. DACE (Home, farm, factory, street, OCITY OR TOWN) 21. ACCIDENT SUCCIDE 19. DATE (Specify) 19. DATE (Home) 19. DATE (Specify) 19. DATE SIGNED 19. DATE RECOLUTION (City, town, or county) 19. MANE OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 19. DATE SIGNED			
Is. MEDICAL CERTIFICATION IS. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH IMMEdiate cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause isst (c) Antecedent conditions, if any, giving rise to the above cause isst (c) Anterval by Arthury Varthury Varthu		Y No.	
Immediate cause (a)	(service)		
Immediate cause (a)	18. MED	DICAL CER	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death of the death	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	H	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause sating the underlying cause last (c) Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death but not related to the disease or condition causing death. Conditions contributing to the death of persons or condition causing death. Conditions contributing to the death of persons or conditions. Conditions contributing to the death of persons or contributing to the death of persons or conditions. Conditions contributing to the death of persons or conditions. Conditions contributing to the death of persons or conditions. Conditions contributing to the death of persons or conditions. Conditions contributing to the death of persons or conditions. Conditions contributing to the death of persons or conditions. Conditions contributing to the death of persons or conditions. Conditions contributing to the death of persons or conditions. Conditions contributing to the death of persons or conditions. Conditions contributing to the death of persons or conditions. Conditions contributing to the death of persons or conditions. Conditions contributing to the death of persons or conditions. Conditions contributing to the death of persons or conditions. Conditions contributing to the death of persons or conditions. Conditions contributing to the death of persons or conditions. Conditions contributing to the death of persons or conditions. Conditions or contributing to the death	(0)	1/1	VIII more of 2 does
Disease or conditions, if any, (b) VI SULUTIONS (c) UNITY OF CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY 22. I hereby certify that I attended the deceased from 12. 8 19. 19. 1, that I last saw the deceased alive on 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Immediate cause (a)	7	to to the state of
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) SUICIDE (Specify) TIME (Month) (Day) (Year) (Hour) (INJURY OCCURRED While at Not While INJURY OCCURRED Work Not While INJURY 22. I hereby certify that I attended the deceased from 12 8-, 1947, to 12 8-, 1957, that I last saw the deceased alive on 1957, and that death occurred at 2 mm., from the causes and on the date stated above. SIGNATURE: (Degree or title) ADDRESS DATE SIGNED DATE SIGNED 1/29-5- 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL REGISTRAR'S, SIGNATURE DATE REC'D BY LOCAL REGISTRAR'S, SIGNATURE 24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	Antecedent cause(s)	re h	do hun dentiliano
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Character Warrend		112	oming rainio early
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes	stating the underlying cause last (c) Crubal	Ku	unskege 1947
21. ACCIDENT SUICIDE OF Office bldg, etc.) PLACE (Home, farm, factory, street, OF office bldg, etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While on Work At work 22. I hereby certify that I attended the deceased from 12.8 , 19.47, to 12.8 , 19.51, that I last saw the deceased alive on 19.51, and that death occurred at 2.5 m, from the causes and on the date stated above. SIGNATURE: OF Office bldg, etc.) INJURY OCCURRED While at Not While How DID INJURY OCCUR? While at Not While At work How DID INJURY OCCUR? While at Not While Injury OCCUR? ADDRESS DATE SIGNED DATE SIGNED DATE SIGNED DATE SIGNED DATE SIGNED DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	Conditions contributing to the death but not related to the disease or condition causing death.	e W	youruty ?
21. ACCIDENT SUICIDE SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF Office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work How DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from 12.8 19.7 to 1.2 19.5 that I last saw the deceased alive on 2.8 At work At work At work ADDRESS SIGNATURE: 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) PATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERA	ATION	20. AUTOPSY?
SUICIDE HOMICIDE OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? OF While at Not While Not			
OF INJURY m. While at Work Not While At work 2 22. I hereby certify that I attended the deceased from 12.8 1947, to 12.8 1957, that I last saw the deceased alive on 1957, and that death occurred at 2.8 m, from the causes and on the date stated above. SIGNATURE: OPERATOR OF CEMETERY OF CREMATORY LOCATION (City, town, or county) PEMOVAL (Specify) 1/31/51 Druid Ridge Cemetery Pikesville, Maryland DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
alive on	OF While at Not Whi	le	HOW DID INJURY OCCUR?
SIGNATURE: DATE SIGNED 1/3-5- DATE SIGNED 1/31/51 Druid Ridge Cemetery Location (City, town, or county) (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE SIGNED 1/31/51 Druid Ridge Cemetery Location (City, town, or county) (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE SIGNED 1/31/51 Druid Ridge Cemetery Location (City, town, or county) (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE SIGNED 1/31/51 Druid Ridge Cemetery Location (City, town, or county) (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE SIGNED 1/31/51 Druid Ridge Cemetery Location (City, town, or county) (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS ADDRE	22. I hereby certify that I attended the deceased from.	28-	, 1947, to 1-28, 1957, that I last saw the deceased
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) BEMOVAL (Specify) 1/31/51 Druid Rindge Cemetery Pikesville, Maryland DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	alive on, 195/, and that death occurs	red at	ADDRESS DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	DV & & Mehalo	PIK	exirle 8 mil 129-5-1
DEC	Bulliat (Specify) 1/31/51 Druid		e Cemetery Pikesville, Maryland
		-	1100



The correct age

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

				7	
1. PLACE OF DEATH	H.		2. USUAL RESID	ENCE (HOME) OF DECE	ASED. COUNTY
Balt	imore	MARYLAND	Marvla		
	orporate limits, write RUR.	AL and LENGTH OF STAY (in this place)	II OR		URAL and give nearest town)
TOWN Cato	town) nsville	3 yrs., 3mth	TOWN Bal	timore 14	
HOSPITAL OR INSTITUTION O	R	25 days	STREET ADDRESS	(If rural, gi	
STREET ADDRE	ss Spring Grove	State Hospital		5215 Tramore R	oad,
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE	(Month) (Day) (Year)
(Type or Print)	NORMAN	S.	IGLEHART	DEATH J	anuary 8. 1957
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIR	TH 9. AGE last hirthe	day If under 1 year If under 24 hr Months Days Hours Min.
Male	White	(Specify) wi dowor	Jan. 17.		тв. 11 22 Ношт М.Б.
	ATION (Give kind of work working life, eyen if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACI	E (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chauffeu	r (rtd)	Oil fa Gasoline	Balti	more County, M	d. U. S.
13. FATHER'S NAM		distributors			
	Iglehart			Emmert	
	VER IN U.S. ARMED FORCES (If yes, give war or dates of			AND ADDRESS	
no	service)		Hospital	Record, Catons	ville 28, Md.
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
		and	0.13		
Immediat	e cause (a)	cardio-respirator	y failure	***************************************	5-min.
422 / Anteceder	nt cause(s)				
Diseases or	conditions, if any, (b)	Hypertrophy and d	ilitation o	f the heart wi	th Unknown
92 b stating the u	o the above cause underlying cause last	mitral insufficie	ncy		
	(e)	Generalized arter	io-scleroti	c cardio-vascui	lar dis Unknown
	CANT CONDITIONS uting to the death hut not				
related to the disea	se or condition causing deat				
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 🗆 No 😰
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office hidg., etc.) IRY	(CI	TY OR TOWN)	(COUNTY) (STATE)
TIME (Month)		INJURY OCCURRED	HOW DID INJU	JRY OCCUR?	
OF INJURY	m.	While at Not While Work At work			
				0 ==	
22. I hereby cert	ify that I attended the	e deceased from Deca. 2	Q., 195Q, toJ	an, 8, 19,51, th	hat I last saw the deceased
alive onJai	n. 8,, 19.51, an	d that death occurred at.1	1:30.04.m., fr	om the causes and on	the date stated above.
SIGNATURE	4	(Degree of sittle)	0. 0		DATE SIGNED
Florence 23. BURIAL, CREM	ATION DATE THERE	DE I NAME OF CEMETE	Spring 2	DRY LOCATION (City,	Korp 1-8-51
REMOVAL (Spec	elfy) 1/12/51	Moreland	Mam. Pk.	Be Utimore i	Md. A
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL D	IRECTOR .	ADDRESS

VS. A15

2411 N. Charles Street, Ballimore

BU 11223

CERTIFICATE OF DEATH

1. PLACE OF DEATH.		2. USUAL RESIDENCE (HOME) OF DECEASED-		
COUNTY Baltimore	MARYLAND	Maryland			
CITY (If outside corporate limits, write RURAL OR give neares town) TOWN	and LENGTH OF STAY (in this place)	TOWN Baltime		give nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring From	re St. Kosp.	STREET ADDRESS 1022 Warden St	(If rural, give location)	/	
3. NAME OF DECEASED (First) (Type or Print) (First) (A LUATORE		(Last)	4. DATE (Month) OF DEATH Jan. 6	(Day) 195 ^(Year)	
MALE White	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 5-5-1885	65 · yrs. 1	s. Days Hours Mio.	
done during most of working life, even if retired)	Ob. Kind of Business or Industry Insurance	11. BIRTHPLACE (State of Tax	ly	12. CITIZEN OF WHAT COUNTRY? 4.5.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	Lucur		
15. WAS DECRASED EVER IN U.S. ARMED FORCES!	16. SOCIAL SECURITY No.	17. INFORMANT AND			
(Yes, no, or unknown) (If yes, give war or dates of service)	395-09-5443	Hospita	0 0		
	18. MEDICAL CEI	RTIFICATION		I Townson D	
I. DISEASES OR CONDITIONS DIRECTLY LE	EADING TO DEATH	an ion ion		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a)	Pulmonas	y Enelole		3 min	
O26 XAntecedent cause(s)					
Diseases or conditions, if any, (b)	Chulitis of De	enctalia in	Ulugh	2 mo.	
300 Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	N.S. Luca	E blueldes	a true		
II. OTHER SIGNIFICANT CONDITIONS Conditions cootributing to the death but not related to the disease or coodition causing death.			7		
19a. DATE OF OPERATION 19b. MAJOR FIN	IDINGS OF OPERATION			20. AUTOPSY?	
				Yes No	
SUICIDE OF INJUR		(CITY OR 7		Y) (STATE)	
OF W	NJURY OCCURRED Vhile at Not While Work At work	HOW DID INJURY OC	CUR?	TT ALSO	
22. I hereby certify that I attended the	deceased from 12-19	, 1950, to /-	6 , 19 5 that I last	saw the deceased	
alive on / - 5 , 19.5/, and SIGNATURE	that death occurred at	ADDRESS from the	causes and on the date s	stated above. DATE SIGNED	
	yce mg	Janing Dr	ove It. Ko	26. 1-6-51	
23. BURIAL CREMATION PATE REMOVAL (Specify) Jan. 9 195.		norial Park	OCATION (City, town, or cou	oty) (State)	
DATE REC'D BY LOCAL REGISTRAR'S SI		24 FUNERAL DIRECTO	R	ADDRESS	
1/8/5/1 4. W	Hadush	Frank Della	s well off o	MIGHST.	
	11/	STATE CON	4507	36	

VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Raltimore MARYLAND		Balto.
OR give nearest town) LENGTH OF STAY (in this, place)	CITY (If outside corporate limits, write RURAL and glv	
TOWN Catonsville 12 vrs.6 mths.	TOWN Baltimore/ Middle Rive	r
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET (If rural, give location) ADDRESS (Seton Institute)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) ROBERT L.	JENKINS OF January	10, 19 51
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIYORCED, (Specify) Single	Aug. 3, 1883 9. AGE last birthday If under Months.	1 year If under 24 hrs. Days Hours Min.
IOa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired INDUSTRY	Maryland	OUNTRY?
farmer Land farming	14. MOTHER'S MAIDEN NAME	0.0.
William Thomas Jenkins	Catherine Bartler	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
Yes, no, or unknown) (If year, give war or dates of	Hospital Records, Catonsville	28 164
no service) none	HOSDICAL RECOLOS, CAUGISVIIIE	ZU, Mu.
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cachexia		3 months
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause	large bowel	2 years
stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🔯 No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
22. I hereby certify that I attended the deceased fromJunel.	1050 to Jan. 10 1057 that The	and the Jenne 1
alive on Jana 10, 19.51, and that death occurred at	11:55 P.m., from the causes and on the date sta	ited shove
SICNATURE (Degree or title)	ADDRESS	DATE SIGNED
	ing Grove State Hospital	מון /כיז
	onsville 28, Maryland 1/	11/51
REMOVAL (Specify)		y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 RUNERAL DIRECTOR	ADDRESS
REG. 1/12/51 Q.W. Hadrick	Larson trues House 7/10.	l Belair Rd.
VTU	970116	

Former residence obtained by phone from the Seton Institute - 2-8-51 - ams.

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AND THE PROPERTY OF STREET AND THE PARTY OF THE PARTY OF

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

CIM No.

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	
	Beltimore	MARYLAND	MaryLand	2	3altlmor
OR give nearest	rporate limits, write RUR. town) Towson	AL and LENGTH OF STAY (in this place)		ate limits, write RURAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS	s 114 Burke	Avenue	STREET ADDRESS 114	(If rural, give location) Burke Avenue	
3. NAME OF DECEASED (Type or Print)	(First) Charlotte	(Middle)	(Last) Jessop	4- DATE (Month) OF January	(Day) (Year) 9, 19 5]
female	vhite	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	March 4, 1861	9. AGE last hirthday If under Months	year III under 24 hrs
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Baltimore Cou	nty, Maryland	CITIZEN OF WHAT
13. FATHER'S NAM	John Jollj	7	Mary Mays		
(Yes, no, or unknown)	ER IN U.S. ARMED FORCES (If yea, give war or dates of service)		Jennie E. Jess	ADDRESS op, 114 Burke Aven	nue
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	nditions directly	ATTOROGE	elerosc	· Cerebral	INTERVAL BETWEEN ONSET AND DEATE
	onditions, if any, (b)				
	the above cause nderlying cause last (c)				
		h.			
		FINDINGS OF OPERATION			20. AUTOPSY? Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR T	TOWN) (COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certi	fy that I attended the	e deceased from	, 19 Jau 9	, 19 , that I last as	w the deceased
signature	19 105, an	d that death occurred at	m., from the	causes and on the date sta	ted above.
Lalus	Kraus	2, 11	E. Chore &	H, Kaltiman.	a, ma.
23. BURIAL, CREMA	(y) 1/13/51	Jessop M. E	. Cemetery	Cockeysville,	(State)
DATE REC'D BY I	STI REGISTRAR'S	SIGNATURE L	24. FUNERAL DIRECTO	• 1217 St. Paul	ADDRESS Stre t

VS. A15

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY	Balto.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	
OR give nearest town) TOWN Baltimore 20. Maryland (in this place)	TOWN Baltimore 20. Maryland	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS 38 Back River Neck Rd.	ADDRESS Back River Neck Rd.,	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) Edward	Jordon DEATH January	30 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last hirthday If uoder	
Male Colored WIDOWED, DIVORCED, (Specify) Manager	7-11, 1880 70 yrs. Months	Days Hours Min.
10- HOLLAT OCCUPATION (Give kind of work 10h Kinn or Rusiness or		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Back River mal	COUNTRY?
done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	man	
	17. INFORMANT AND ADDRESS	4 5 4 5
15. WAS DECRASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (Uyes, give war or dates of	alverty Jordan Back Res	reith Rome
lservice) 18. MEDICAL CE		- 400
	RIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	ONSET AND DEATH
Corelad Henry	box. Left, Herryohre	zulla.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 443 x Immediate cause Antecedent cause(s) Diseases or conditions, if any, or prince to the above cause (a) Christian Herrican (b) Hyperllusure Car (c) Car (d) Christian Car (e) Christian Car (e) Christian Car (f) Christian Car (h) Hyperllusure Car (h) Hyperllusure Car (h) Christian Car (h)		
Antecedent cause(s) Hy revenue Car	religios culas desease	2 m.
Diseases or conditions, if any, (b)		
stating the underlying cause last		
(c)		V
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
IVA. DRIE OF OTHERSESS.		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	: (CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.)	(0121 012 10 111)	(0 ******)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While	NOW DID INSURT COCCUR.	
INJURY m. Work At work		
May May	, 1950, to Jan 30, 1951, that I last s	home the deserred
22. I hereby certify that I attended the deceased from May	, 19, to, 19, tuat 1 last 8	aw the deceased
alive on Jan 30, 1951, and that death occurred at	m., from the causes and on the date st	ated above.
SIGNATURIA (Degree or title)	ADDRESS	DATE SIGNED
ment then mo.	Est Fusilan (we	1/30/51
Val Angel	DOT V	1 ' '
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	ERY OR CREMATORY LOCATION (City, town, or count	(State)
DATE RECID BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG 2/5/ M. March	mma Roph a. Ellings	taughten
Jm	012 1/1/1/29 n Con	de 1.27

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

COUNTY BALTO MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	
OR TOWN TO A TOWN SVILLE	OR CATON SVILLE	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRES 145HABY NOOK A	YE
3. NAME OF DECEASED (First) ARLES A KAS	(Last) 4. DATE (Month) OF DEATH /- 2	(Day) (Year) 19
5. SEXM. 6. COLOHOL RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) R R R LED.	FER 24 1884 9. AGE last birthday If under Norths	I year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done dataly control for pg life, even if retired) 10b. Kind of Business of Pure 17 7 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10		. CITIZEN OF WHAT COUNTRY?
13. FACHER'S NAME NOT KNOWN	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	MRS DORAKASTESHAWY	YOUR AVE
18. MEDICAL CEI		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	recto-sigmoid	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Caremana 4	recto-sigmoid	
Antecedent cause(s) Diseases conditions, if any, giving rise to the above cause stating the underlying cause last		
(c)		1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b MAJOR FINDINGS OF OPERATION .	. //	20. AUTOPSY?
May 31, 1949 Caremona & recto sea	mord	Yes No No
21. ACCIDENT (Specify) PLACE (Home farm, factory, street) SUICIDE OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 3.	19 49 to 204 26, 195/, that I last si	aw the deceased
alive on and 25 , 195 /, and that death occurred at	2. P. m., from the causes and on the date sta	ated above.
SIGNATURE Base aby MD 1531 C	North are Jan	26,1951
23 PERIAL, CREMATION DATE THE PEOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City/town, or count	E MA.
DATE REC'T BY LOCAL REGISTRAR'S SIGNATURE REG. 129 5-1	FUNERAL DIRECTOR	ADURESS .
-1-11-11-11-11-11-11-11-11-11-11-11-11-	ACTIVITY OF THE PROPERTY OF TH	-04
11	<i>V</i> ,	100105

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
MARYLAND MARYLAND	Maryland Nyde	C
OR give nearest town) (in this place)	OR CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN Dahlimore	TOWN Dallimore	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS LONG GREEN	LONG CIRECA, Hyde Md.	
3. NAME OF (Fifst) (Middle)	(Last) / 4. DATE (Month) (Day) ()	Year)
DECEASED (Type or Print) SARAH	Kelly DEATH JAN 16.	19-5
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under	24 br
Female White WIDOWED, DIVORCED,	Mar. 13-1870 80 yrs. Months Days Hours	Mln.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	WHAT
done during most of working life, even if retired) INDUSTRY	Batto GO Md. COUNTRY?	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Thomas Lynch	Mary NANLON	
15. WAS DECEASED EVER IN U.S./ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	1
(Yes, no, or unknown) (If yes, give war or dates of service)	Mr. Jos. M. Kelly - Longareen. Mc	1
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BET	WEEN
Enskall	HUD WILL TOUR WITH THE STATE OF	PAIN
Immediate cause (a)	210colorono 21 m	11.
260x Autoridant consolor	artinan los	
Antecedent cause(s) Diseases or conditions, if any, (b)	me como es	
giving rise to the above cause last	robe Healt During 4 /13	3 ~
(c) Dealety	Mellelies 74V	5
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	1 20. AUTOPS	Y?
	Yes 🗆 N	No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	pianone	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
	0 10 10 11	
22. I hereby certify that I attended the deceased from	2, 1945, to 6, 1957, that I last saw the decea	sed
alive on Jan 15, 1951, and that death occurred at	5 P me from the course and on the data state of the	
alive on 19, and that death occurred at	ADDRESS DATE SIGN	JED
Sulford to land you	MA task MO Jule	LED
Solo Stockwar	116/5	/
23. RURIAL, CREMATION DATE THEREOF NAME OF CEMETE RELEOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State	te)
Viurial 11/13/ 101. 00/ 4.		
DATE REC'D BY LOCAL RECASTAR'S SIGNATURE	24. FUNERAL DIRECTOR DADDRESS	1
11/5/ UTW. He disch	LEONard V. Ruck J305 Narlord	10

Dr. Hudson. Fork, Md.

VS. A15

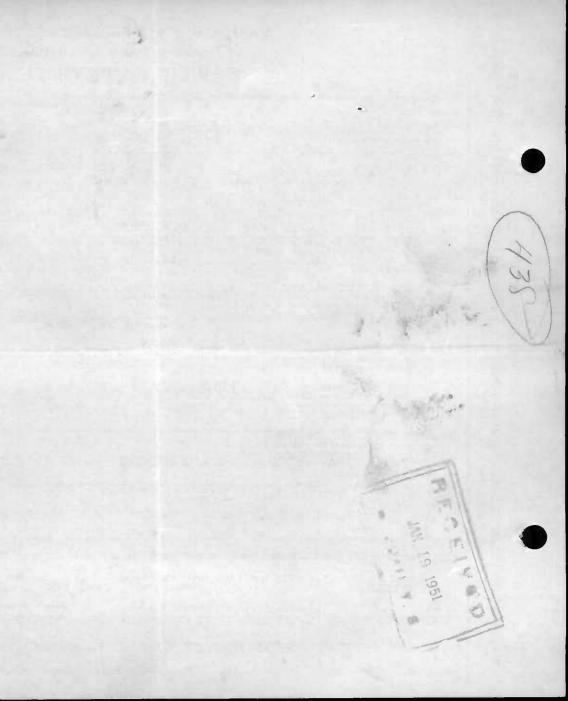
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0229

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Baltimore MARYLAND	STATE Maryland Baltimo	re
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR givo nearest town) TOWN Catonsville 1 vr. 6 mo.	TOWN Catonsville	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS 717 Linda Drive	ADDRESS 717 Linda Drive	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
	LNER DEATH January	13th., 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH 9. AGE last birthday If under	year If under 24 hrs. Days Hours Min.
Male White (Specify) Widower	3/29/71 79 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, even if retired) Druggist (employed) Drugg Store	England	Country? A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Isaac Kilner	Harriett (unknown)	
15. WAS DECRASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	Md.
(Yes, no, or unknown) (If yes, give war or dates of None	Mrs. Eugene Murphy 717 Linda Di	
No lservice) None		TVE Catons.
	RIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	- 0	ONSET AND DEATH
Xue crae &	Feworrhage -	1 wic
Antecedent cause(s) ler Verio Jel	exates C. T. D.	10412
Diseases or conditions, if any, (b)	2001 - 2	
giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
Total Date of Orbital Port		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(CITTOR TOWN) (COUNTY)	(SIAIE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work	1	
22. I hereby certify that I attended the deceased from Men.	0, 1950, to 10 3, 195 , that I last s	aw the deceased
1 by 13 151 and that double assumed at	230 Pm., from the causes and on the date st	atad ahama
alive on	ADDRESS	DATE SIGNED
SIGNATURE		
Jalues Hotowell	la lous oilla	1-1551
	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
	ral Cemetery Baltimore, Md.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 1-16-51 7/ E. Harry	Laston Sons, Catonsy	ille. Md.
- Value of the second of the s	0731	



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15 PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEAT COUNTY	H·	9	2. USUAL RESIDENCE	(HOME) OF DECEASED.	
Ba :	ltimore	MARYLAND	STATE	COUNT	Y
OR give peares	corporate limits, write RURA			prate ilmits, write RURAL and give	ve nearest town)
OR give peares	doward	(in this place)	TOWN Baltimor		
HOSPITAL OR INSTITUTION O	R		STREET ADDRESS	(If rural, give location)	
STREET ADDRE	SS Vet Adm. Hosp	. Ft. How ard, Md.	102. Sou	th Dean Street	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Andrew:		IST	DEATH January	1 19 51
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	S. DATE OF BIRTH	9. AGE iast birthday If under	I year (If under 24 hrs.
Maile	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	9-1-91	59 yrs. Months	Days Hours Min.
	ATION (Give kind of work working life, even if retired)	10b. Kind of Business or	11. BIRTHPLACE (State		CITIZEN OF WHAT
Mach. Helper	working me, even it recited)		Raltimore Mary	rland	COUNTRY?
13. FATHER'S NAM	1E		14. MOTHER'S MAIDE	N NAME	
John Kist		1	Ma rie Schile	ker	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(Test, no, Testinown)	(If yes, give were a dates of lacroice)	" unicom 7 - 7024	Clin. Rec. Vet	s. Adm. Hosp. Ft. How	ard, Ma.
		18. MEDICAL CEI	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
					OHOST AND DEATH
Immediat	e cause (a)	MYELOID LEUKEMIA			Unknown
204 / Anteceder					
	nt cause(s) conditions, if any, (b)				
olving rise t	o the above cause	00.000 = 1 = -10 = 11.000.000 = = = 10.000.000 = 10.000.000.000.000.000.000.000.000.000.		**************************************	
740 stating the	anderlying cause last				
IL OTHER STONIE	(c)				1
Conditions contrib	uting to the death hut not	None			
	PATION 195 MAJOR E	h. None Indings of operation			20. AUTOPSY?
178. DAIL OF OLE	1011 1014 1011 1011 1	INDINGS OF OTHER TON			
21. ACCIDENT	(Specify) PLA(CE (Home, farm, factory, street,	(CITY OR	TOWN) (COUNTY)	Yes No W
SUICIDE HOMICIDE	OF INJU	office bidg., etc.)	(CIII OR	TOWN) (COUNTY)	(STATE)
	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY O	CCUR?	
OF INJURY	m.	While at Not While Work			
INJURI	WA.	WORK AL WORK			
22. I hereby cert	ify that attended the	deceased from Nov. 9	1950 to Jan.	.1, 19.51., that I last s	aw the deceased
	, 19, an	d that death occurred at	.1.115	e causes and on the date st	ated above.
SIGNATURE		(Degree or title)	ADDRESS		DATE SIGNED
DATETO IT TETTO	10000	20 MXX Code		1-1-51	
DAVID H. KUN 23. BURIAL, CREM REMOVAL (Spec	ATION DATE THEREC	F NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town, or count	ty) (State)
REMOVAL (Spec	cify)	1951 Baltimore N		Baltimore. Md.	(-320)
DATE, REC'D BY	LOCAL REGISTRAR'S	SICATURE	24. FUNERAL DIRECT		ADDRESS
REG. 2	CI Rul	Heduck		418 Eastern Ave.	
-1-) I V FSOO	4	3		
		ا مردر	-	· 503506) -

1010

MARYLAND STATE DEPARTMENT OF HEALTH

1231

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No ...

1. PLACE OF DEAT	W.		I a Hall I Bromerice	Alone of the		
COUNTY		441-000-11-0	2. USUAL RESIDENCE		COUNTY Daltimore	
CITY (If outside (altimore corporate limits, write RUR.	MARYLAND AL and LENGTH OF STAY	laryl (Part of the	saltamore	
OR give neares	t town) Manor	(in this place)		lanor	AL and give nearest town)	
HOSPITAL OR INSTITUTION O STREET ADDRE		rive	STREET ADDRESS	(If rural, give	location)	
3. NAME OF DECEASED (Type or Print)	(First)	(Mlddle)	(Last)		Month) (Day) (Year	(T)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	1 9. AGE lest hirthday	If under 1 year If under 24	hen
Female	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	Lay 9,1872	78 yrs.	Months Dave House M	ln.
	ATION (Give kiod of work working life, even if retired)	10h. KIND OF BUSINESS OR INDUSTRY At Home	Baltimore,		12. CITIZEN OF WH.	AT
13. FATHER'S NAM	4E	22.01.11	14. MOTHER'S MAIDER	N NAME		
James	St. John		Catharina	Thompson		
15. WAS DECRASED E		7 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS		
(1es, no, or unknown)	service)	71	John A. Jnight	on, 1509 N.	Rose St.	
		18. MEDICAL CE	RTIFICATION			-
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEA	
		Pullan con	my Oede		1000	
Jmmedlat	e cause (a)	, acomora	of open	and .	1909	
Diseases or	nt cause(s) conditions, if soy, (b)	Coronau	7 Thrombos	***************************************	3 days	-1 0 × cores
6 mtating the	o the above cause underlying cause last (c)	Diabet.	es mellet	~	15 year	*
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing deat	h. / typertens	um arte	vo- sclero.	247	
19a. DATE OF OPE	RATION 19b. MAJOR F	FINDINGS OF OPERATION			20. AUTOPSY?	-
					Yes No	П
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUNTY) (STATE)	
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?		
		e deceased from Oug	1950 to Jan	3 105"/ short	I lost sow the dear	_
\wedge			//			1
alive on	19.1., an	d that death occurred at (Degree or title)	ADDRESS tom the	causes and on the	e date stated above. "DATE SIGNED	D
m	. a. Jacot		1010 North	Pour Ku	1/3/51	
REMOVAL (Spec	ATION DATE THERES	AME OF CEMETE	RY OR CREMATORY	LOCATION (City, tow	vn. or county) (State)	
DATE HEC'D BY	LOCAL ENGISTRAR'S	SIGNATURE	24. AND EXAL DIRECTO	OR 1214 S	ADDRESS	_
==+ [+=			11	12/10/	Jon J	

VS. Alb

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

MARGIN RESERVED FOR BINDING

DING tem of information carefully. The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

0232

CERTIFICATE OF DEATH

COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (vland CO	UNTY
CITY (If outside c OR give nearest TOWN	orporate limits, write RUR town) Fort Howard	AL and LENGTH OF STAY		ate limits, write RURAL as	nd give nearest town)
HOSPITAL OR INSTITUTION O' STREET ADDRE	R.	sp.,Ft.Howard, Md.	STREET	(If rural, give focation of the Chelsea Road	on)
3. NAME OF DECEASED (Type or Print)	(First) FRANK	(Middie)	(Last) KRAMER	4. DATE (Month) OF DEATH Jam	(Day) (Year) 12 19 51
6. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	S. DATE OF BIRTH	9. AGE fast birthday If u	inder I year If under 24 hrenths Days Hours Min.
done during most of a Salesman	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR	Baltimore,		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAM Peter Kran	IE /	1	Christinia	NAME	CD25
15. WAS DECRASED E (Yearno, or unknown)	ver In U.S. Armed Forces (If yes, give war or dates of service)	7 16. SOCIAL SECURITY No. of 215-14-0133	17. INFORMANT AND Clin.Rec., V	ADDRESS et.Adm.Hosp.,F	t.Howard.Md.
		18. MEDICAL CE			1
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediat	e cause (a)	CARDIAC DILATAT	ION AND HYPERTRO	OPHY	l year +
Diseases or giving rise to stating the u	nf cause(s) conditions, If any, the above cause underlying cause last (c) CANT CONDITIONS thing to the death but not	None			
	se or condition causing deat	n. PINDINGS OF OPERATION			1 00 A VIIII O DOSTO
DATE OF OLE		INDINGS OF OTHERSEION			Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR 7	(COUN	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED Whlle at Not Wbilo Work At work	HOW DID INJURY OC	CURI	
		e deceased fromDec. 2			
SIGNATURE	CEMAN. M. D. A	d that death occurred at 2 (Degree or title) CTING CHTEF MEDIC OF NAME OF CEMETE ONLY Mt. Olive Ce	AL SERVICE, VAH	FORT HOWARD, OCATION (City, town, or	DATE SIGNED 1-5-51 (State)
DATE REC'D BY		SIGNATURE	24 Milliam Cok	THE_	ADDRESS Prestons Sts.
January 6 1	191 I ILW.		The state of the s	Baltimore. Ma	

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

(1233

1. PLACE OF DEATH.		2. USUAL RESIDENCE (H	OME) OF DECEA	SED. COUNTY	
COUNTY Baltimore	MARYLAND	STATE Marylan		-111	Balto.
CITY (If outside corporate limits, write RURAL OR give nearest town) Dundalk	and LENGTH OF STAY (in this place)	CITY (If outside corpora OR TOWN Dundel		tAL and give	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1805 Maxwell	Ave.	STREET ADDRESS 1805 N	(If rural, give axwell A		
3. NAME OF (First) DECEASED (Type or Print) Peter Paul Kr	(Middle) Pantz (Kaczor	(Last) POWSKi)	OF _	Month)	(Day) (Year) 19511951
5. SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED, VIDOWED, DIVORGED, (Specify)	s. date of Birth June 9 1898	9. AGE last hirthda 52 yrs	Months 1	year If under 24 hrs. Days Hours Min.
	b. Kind of Business on Steel Sethlehem Steel	11. BIRTHPLACE (State or Baltimor		C	CITIZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Joseph Krantz (Kaczor		Eleonore We	lnicki		
15. Was DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			
	18. MEDICAL CE	RTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LE	ading to death	muffic	ieney.		INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	mediate	Laury W	phitis	a .	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.	X				
19a. DATE OF OPERATION 19b. MAJOR FIN	DINGS OF OPERATION	X			20. AUTOPSY? Yes \(\text{No } \t
SUICIDE OF INJURY		(CITY OR T		(COUNTY)	(STATE)
OF W	JURY OCCURRED hile at Not While Vork At work	HOW DID INJURY OCC	UR?		
alive on A. A		13 19 50 to land 12,45 m, from the ADDRESS 3139 & Balla			
23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) DATE REGD BY LOCAL (REGISTRAR'S SIGNED.)	11 Holy Rosac	1.	OCATION (City, to Bulto.	wn, or county	(State) /ADDRESS
1/1/5/ 4.00	Heaves	June M. Merch	1011.0	nesser	Delta Tool
					of 21 of 400 100 at

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RE	SIDENCE (HOME) OF DECEASED
COUNTY Baltimore	MARYLAND STATE	Maryland COUNTY
CITY (If outside corporate limits, write RURAL and LIOR give nearest town)	ENGTH OF STAY CITY (If or	utside corporate limits, write RURAL and give nearest town)
OR give nearest town or Howard 6.	lindthis place) OR TOWN	Baltimore
IVOI I I AU VII	STREET	(If rural, give location)
STREET ADDRESS Vet.Adm. Hosp., Ft. Ho	oward, Md. ADDRESS	2948 Edmondson Avenue
3. NAME OF (First) (Mic	ddle) (Last)	DC OF (Month) (Day) (Year)
DECEASED (Type or Print) LOUIS	C. KRATZENBE	RG DEATH January 24 1951
5. SEX 6. COLOR OR RACE 7. SINGLE	MARRIED, 8. DATE OF I	BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
Male White Specify	Divorced 6-11-9	55 vrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND	OF BUSINESS OR 11. BIRTHPL	ACE (State or foreign country) 12. CITIZEN OF WHAT
watchman	Roches	ter, New York Country? USA
13. FATHER'S NAME	14. MOTHER	S MAIDEN NAME
George Kratzenberg		a Beth
(Vas no or unknown) I (If was give mor or deter of)		NT AND ADDRESS
Yes service WW 1 213-	10-5553 Clin.R	ec., Vet.Adm. Hosp., Ft. Howard, Md.
	18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
MOGRAPHA	AGMINO THE TAXABLE	
	ASTEROIDS INFECTIO	
	IBS, LEFT AND ABSCES	S OF PARAVERTEBRAL
Diseases or conditions, if any, (b) MUSCILES	<u> </u>	00 1 8 dw 1 = 01 20 000 00 20 000 00 000 00 000 00 000 00
giving rise to the above cause stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION	20. AUTOPSY?
		Yes 💹 No 🗌
21. ACCIDENT (Specify) PLACE (Home, for SUICIDE OF office bldg.	arm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY O	CCURRED HOW DID I	NJURY OCCUR?
INJURY m. Work	At work	
On I handle contife that III attended the decount	1050 ·	Jan. 24 , 19 51,
22. I hereby ceruly that wattended the deceased	170m.100	
and that dear	th occurred at 8:00 A.m.	from the causes and on the date stated above.
SIGNATURE De	gree or title) ADDRESS	DATE SIGNED
R. J. LIPIN. M. D. ACTING CH	THE CIDOTOAT CENTT	OF TALL TODE WORLD 2 of de
	AME OF CEMETERY OR CREMA	CE, VAH, FORT HOWARD, MD. 1-24-51 TORY LOCATION (City, town, or county) (State)
REMOVAL (Specify)	CALL OF CEMEIER OR CREMA	(Dimes)
DATE REC'D BY LOCAL I REGISTRAR'S SIGNATURE	E 24. FUNERAL	Victor, New York
18 may 24-51 Dawson L.		Blight Funeral Home 6009 Harford
the company	Toward Individual d	
		763VVV Rd., Baltimore, Md



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING MARGIN

WRITE

PLEASE

A15 NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	200		2	
- 63	0		12	2
-9.3		-	36	12.
7.7	200	T,	3	

CERTIFICATE OF DEATH

1. PLACE OF DEATH: BALLING DIE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mary land county Baltimore
(If outside city or town limits, write RURAL and give nearest town)	City or town Wood lawn
How long in above place of death?	(If outside city or town limits, write BURAL and give nearest town)
2005 Alta Vista Dunce	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3.(a) FULL NAME CLARENCE RAYA	10 ND KRIETE 3. (b) Social Security Number 212-03-4358
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 000
Male White Mayyied	20, DATE DE DEATH January 5, 195/ 17 AM
8.(b) Name of husband or wife Eva Hayrisan Kriete	21. LCERTIFY that death occurred on the date above stated: that Lattended deceased trop
C (a) Malling along and 7 7 man	19 cto ber 19 77 10 Jan 034 19, 19 91
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. f. M. alive on Jan Co Y J. 18.0
8. AGE: Years Months Days It less than one day	Impediate cause of death OF Stomach PURATION
66min.	
9. Birthplace Baltimore Maryland	Due to.
(Town, county, and atte)	1217
10. Usual occupation	Due to
11. Industry or business	700-
12. Name Herman Nyiete 13. Birthplace Geymany	Dither conditions 1990 And 1997
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
Ž 15. Birthpiace	Date of op.
16. Informant Clayence IT. 11766	Autopsy results
Address Colonial Park, Baltimore / Md	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Lorraine Pk.	Where did injury occur?
Location Woodlawn Md.	Injured at home, farm, industry, public place (where?)
The Hellithe	Meens of Injury Injured at work3
18. Funeral director 1. Communication of the second of the	milland Trade of my
Address 4/0 16 danondon Clus	23. SIGNATURE
19. Yanuary (19.5) (Y-W) Registrar Registrar	Address 3400 Woodbine the Balth bale signed 1/5/51
	690448

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

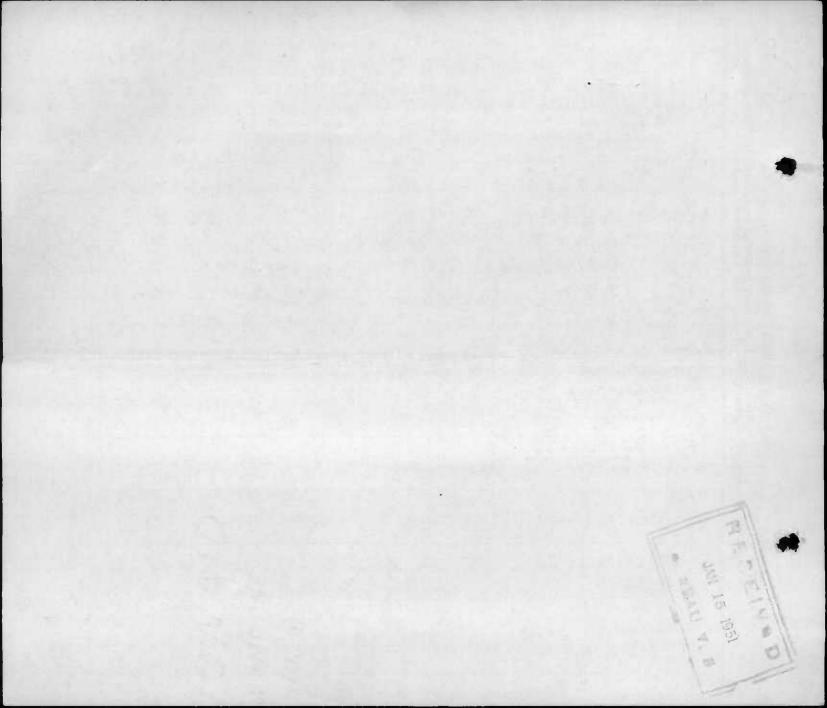
(1230

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1. PLACE OF DEATH COUNTY	H. timore		2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Baltimore					
		MARYLAND	Marylan Marylan	u Ba	iltimore			
CITY (If outside co	orporate limits, write RUR. town) rows Point	AL and LENGTH OF STAY (in this place)	II OR	ate limits, write RURA	AL and give nearest town)			
HOSPITAL OR			STREET	(If rural, give lo	ocation)			
INSTITUTION OF	R MOV TO SE	naat	ADDRESS		, and a			
STREET ADDRES	ss 704 E 5t:	reet	1 704 出版	t Street				
3. NAME OF	(First)	(Mlddle)	(Last)	14. DATE (Me	onth) (Day) (Year)			
DECEASED (Type or Print)	DANIEL		LANE	OF Tom				
5. SEX	6. COLOR OR RACE	7 011/01 0 144 001 00	8. DATE OF BIRTH		uary 1, 1951			
S. SEA		WIDOWED DIVORCED.			If under I year If under 24 hrs. Months Days Hours Min.			
male	white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 111 1	12-19-1896	54 yrs.	Montas Days Hours Mill.			
10a. USUAL OCCUPA	ATION (Give kind of work	10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT			
done during most of w	vorking life, even if retired)	INDUSTRY	Danne		COUNTRY?			
13. FATHER'S NAM	Dilter	Ship Yard	Penna.					
Pati	rick J. Lane		Margare	t Brown				
15. WAS DECEASED EX	VER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT	70	4 E. St.			
(Yes, no, or unknown)	(If yes, give war or dates	I	Mas Massass					
no	service)		Mrs. Margare	t white sp	arrow's Point			
		18. MEDICAL CE	RTIFICATION		I. MA			
I DISPASES OF CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN			
i. Dineases on co	NDITIONS DIRECTLY	CEADING TO DEATH			ONSET AND DEATH			
	F-	noturn of mode						
Immediate	C C C C C C C C C C C C C C C C C C C	acture of neck						
900, Anteceden								
Anteceden	it cause(s)							
1860 glving rise to		**************************************	- 1070770077001001 701174 /00744844 00 07094	0.000.000 Mar. 0.000 mm	PD404441044110461104611104			
stating the u	nderlying cause last							
	(-)							
II OPPLEAD DECEMBER	(74) (74) (74) (74) (74)							
Conditions contribu	CAN'T CONDITIONS							
	se or condition causing deat	h.						
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION			1 20. AUTOPSY?			
at Demonstat of	1100 11110				Yes 🔀 No 🗌			
21. EXTERNAL CAU PRIMARY X FOR CO CAUSE OF DEATH	NTRIBUTING OF	CE (Home, farm, factory, street,	(CITY OR 1		COUNTY) (STATE)			
CAUSE OF DEATH	I. INJU	office hldg., etc.).	Sparrows Point	. Baltimore.	Md.			
	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?				
	,1951 12.15 m.		Fall dame of any	and bases				
INJURYO CITTO I	・ラエフノエ エル・エノ m. I	work at work 🖾	Fell down steps	s at nome				
on I willed I at I	took about of the comm	J 1 . 1 . 1 . 1 . 1 . 1 . 1	1 199 I	1 F. 1 prov 11	1.6			
22. I certify that I	took charge of the tema	ins described above, held an A	utopsy , Inspection	, Inquiry intere	ion and from the evidence			
obtained by said	a Autopsy, Inspection of	Inquiry, find that said dece	ased died on the dry state	d above, and death	in my opinion resulted			
from: natural	causes [], accident X	, suicide [], homicide [],	undetermined [].					
SIGNATURE	110-1	(Degree or title)	ADDRESS		DATE SIGNED			
	14XX 100	/ M.D. 700	Fleet St., Balt:	Imana 2 Md	Ton 1 1050			
	1 VOII NAME							
23. BURIAL, CREM REMOVAL (Spe	ATION DATE THERE	NAME OF CEMETE	RY OR CREMATORY I	OCATION (City, town	n, or county) (State)			
REMUYAL (Spar	17 17-5-195	ol Oeklawn		Paltimore	Md.			
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO		ADDRESS			
REG3 _	-CO /H	Hedrick (Dolar H Mena	7000 =	77-710			
	1 / 1-9	·	The state of the s	~ 3000 E.	Baltimore St.			
		1 - //		0.3				

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

	Reg. Dist. No	If
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
BALTO. MARYLAND	STATE MC. COUNTY	TAIT!
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town)	TOWN DUNDALK	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS 5 NORTHSHIP Rd.	ADDRESS 5 NORTHSHIP Xd	<i>'</i> .
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Montb)	(Day) (Year)
(Type or Print) WILLIAM DENJAMIN	LANHAM DEATH UAN.	11 , 1957
6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	l year If under 24 hrs
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	7/2/1858 92 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work tob. Kind of Business on done during most of working life, even if retired) INDUSTRY	II. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
PIPE FITTER (RETIRED) STEEL	MARYLAND	COUNTRY! & G
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
W.B. LANHAM, SR.	MARY ELLEN HENRY	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of service)	WALTER L. MILLER,	
18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	(A)	INTERVAL BETWEEN ONSET AND DEATE
l Al man	() cell 101 00°	Cidal Rito Danie
Immediate cause (a)		
420.1		
Antecedent cause(s) Diseases or conditions, if any, (b)		
1 TO giving rise to the above cause		***************************************
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
21. EXTERNAL CAUSE WAS / I BLACE (Home Marm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office blace, etc.) CAUSE OF DEATH.	(0111 011 10 111)	(OIRID)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not while INJURY m. work at work		
22. I certify that I took charge of the remains described obove, held an A	utopsy \square , Inspection \square , Inquiry \square thereon and :	from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said decet from: naturol causes , occident , suicide , homicide ,	ised crea on the any sinied above, and death in my	opinion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE/SIGNED
1 1 1 1 1 1 1 mal	C Milled all Down	1 f/1/-
1010 000 on Maring.	Hally Willand - Volt	1/1/1/
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count	(State)
BURIAL 1/13/3/ UAK LA	AWN BALTO, CO. M	d.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 13-1951 William Dr. Kelle 1	Walte Brooks Beadles . 10	endelle. Ned



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY	Baltimore	MARYLAND	A1 0 4 2	rvland		COUNT	Palt	imore
CITY (If outside corpor OR give nearest town TOWN	Towson	L and LENGTH OF STAY (in this place)	20 11.11	corporate li	ej.		ve nearest	town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Mercy Villa	6900 Bellona Ave	STREET ADDRESS 50	05 Murc	(If rural,	give location)		
3. NAME OF	(First)	(Middle)	(Last)	4.	. DATE	(Month)	(Day)	(Year)
(Type or Print)	Mary	Elizabeth	Lawrence		OF DEATH	Jan.	24	19 5
5. SEX 6. C	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	9/29/83	H 9. A	AGE last bir	thday If under Months.		funder 24 hr Hours Min
done during most of working	g life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Paltimore		eign countr	y) 1	2. CITIZEI COUNTRY	N OF WHAT
13. FATHER'S NAME			14. MOTHER'S MA	AIDEN NA	ME			
	Nathaniel	Moore	Alice Hor	okins				
15. Was Ducrased Ever I (Yes, no, or unknown) (If			17. INFORMANT Mrs. Jas.			505 Murdo	ck Ro	ad
Diseases or condigiving rise to the stating the under II. OTHER SIGNIFICAN Conditions contributing related to the disease or	tions, if any, (b) above cause last (c)	le.						
		INDINGS OF OPERATION					20. AU	JTOPSY?
							Yes [
SUICIDE HOMICIDE TIME (Month) (Da	Specify) PLAC OF INJU y) (Year) (Hour)	INJURY OCCURRED	HOW DID INJUR	Y OR TOW		(COUNTY) (S	TATE)
OF INJURY	m.	While at Not While Work At work						
22. I hereby certify alive on Y 4 SIGNATURE	an, 195/, and V. Peier	. 111-2.	or york!	m the cau	attim	on the date st	DATE 25	
23. BURIAL, CREMATIC REMOVAL (Specify)	DN DATE 1/27/5	L Loudon Par	k	Ba	ation (Cit	y, town, or coun	ty)	(State)
DATE REC'D BY LOCAREG.		J. Toedrich	24, FUNERAL DIE	RECTOR 12ahr	and &	on 805	M Gre	RESS lever/Sf

age

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(1231) 42

Reg. Dist. No. ...

1. PLACE OF DEATH - County Ballimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
1-1-1-1	State Maryland County Baltimore
(If outside city or town limits, write RURAL and give nearest town)	10 1
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 4313 Wilkens Are
	(If rural, give LOCATION)
How long In hospifal or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Frank M. Lever	ma
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 45
Male white married	
1. 9	20. DATE OF DEATH
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
	Sept 1- 1950 10 Jan 6 195/
7. Birth date of deceased (mo., day, yr.) 8/23/1885	and fhaf I last saw h. Mac. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
65 4. 14min.	genealized coxessia 2 no
9. Birthplace Town, county, and attice	Due to Carcinoma of Jung. 6 Mo.
10. Usual occupation. Tile setter	
- Da D	Due to
11. Industry or business Ton Self	
12. Name Franklin M. Levering 13. Birthplace New Yersey	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Catherine M. Wheeler 15. Birthplace New Yersen	
5 15, Birthplace Manuerson	Major findings of operations.
1 10 1 1 1000	Dafe of op.
16. Informant Must Must be 18 18 18 18 18 18 18 18 18 18 18 18 18	Antopsy results
Address 43/3 Wilkens live,	22. VIOLENCE: If death was due to external causes, ftll in the following;
17 Burial Date shereof 1/9/57	Accident, suicide, or homicide
(Burial, eremation, or removal, Which?) (day) (year)	
Cemetery or crematory. M. S. Communication of the C	Where did injury occur?
Location 2930 Ferederick live	Injured at home, farm, Industry, public place (where?)
18. Funeral director, Rohn J. Towan & Son	Means of Injury Injured af work?
11 01 . 14	Calcott Warting
Address 98/ Holling St.	23. SIGNATURE.
10 1/8 1051 G. W. Hale	M. D/or other
(Date ec'd by registrar) Registrar	Address 2706 CF Feur Date signed 6.5
	504246

VS. A15 PLEASE

The correct age

M

112 71

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED-	Y Z
	Baltimore orporate limita, write RURA	MARYLAND AL and LENGTH OF STAY	Maryland COUNT	(HALLES)
OR givo nearest		(in this place)	or Town Baltimore	ve nearest town)
HOSPITAL OR INSTITUTION OF	77 73	NI	STREET (If rural, give location)	7.44
STREET ADDRES		e Nursing Home	ADDRESS 536 S. 48th St.	
3. NAME OF	(First)	(Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	Caroline	A.	Leyshon OF Jan 30.	1957 19
5. SEX F	6. COLOR OR RACE	7.SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOW	8. DATE OF BIRTH 9. AGE last birthday If under	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUP.	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 1	2. CITIZEN OF WHAT
done during most of w	orking life, even if retired)	INDUSTRY home	Baltimore Md.	COUNTRY! A.
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN NAME	0100121
Mic	hael Maisch		Katherine H einrich	
15. WAS DECRASED EV	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS	
(Yas, no, or unknown)	(If yes, give war or dates of laervice)	215-09-2891	Mr. Wm. Ard 536 S. 48 th S	St. Bal
	100 1100/	18. MEDICAL CE		1
I DISPLANCE OF CC	NDITIONS DIRECTLY			INTERVAL BETWEEN
I. DISEASES OR CC		1 /		ONSET AND DEATH
Immediate	e CRIIGO (8)	Uremia		Unknown
442x		1 -	1. 0 0.	10
Anteceder Diseases or	onditions, if any, (b)	TURENLENSUR C	andio insculor renaldes.	Unonon
15 giving rise to	the above cause	1/		. / 10 00 00 00 11 1 000 000 000 000 000
stating the u	nderlying cause last			
II OTHER SIGNIFI	(c) CANT CONDITIONS			
Conditions contribu	iting to the desth but not se or condition causing deat	h		
		FINDINGS OF OPERATION		1 20. AUTOPSY?
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	
21. ACCIDENT SUICIDE HOMICIDE	OF INJU	office bldg., etc.)		, (,
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY	m.	While at Not While Work At work		
		1. 00	C1 12 - C1	
22. I hereby certi	ify that I attended the	e deceased from J.C.	, 195/, to Olan ?20, 19.5, that I last	saw the deceased
alive on Tan	29 19 S/an	d that death occurred at	6.30 A.m., from the causes and on the date s	tated shove
SIGNATURE	1/	(Degree or title)	ADDRESS	DATE SIGNED
Sont.	/ /	00 11.5	0 10 0)	1 30-5
Clesser	ble Mall	CRE VIO	RY OR CREMATORY LOCATION (City, town, or cour	U 1-30 SI
23. BURAL, CREM REMOVAL (Spec	ify)			nty) (State)
Lit (1th at Chala	1 2000 2	1,1951 Loudon	Park Baltimore Md	ADDRESS
DATE REC'D BY REG.	LUCAL REGISTRAR'S	SIGNATURE	24 HEUNERAL SIRECTOR & Sons Inc.	ADDRESS
211	311		Baltimore Md Scay	1 / Bunker

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

			CER I IFIC	AII	e OF	DEAL	H	Reg.	Dist. No	······×		
I. PLACE OF DEATH COUNTY	. Baltimo	re		11	2. USUAL R		(HOME) OF D	ECEASE	D.	Y		
CIMY (Itid			MARYLAND		Over ou	Maryl		Wa # 999 A				
CITY (If outside co OR give nearest TOWN	town) Fort Ho		and LENGTH OF (in this plants)	BCe)	OR TOWN	Balti	mate limits, writ	e RURA	L and giv	e nearest	town)	
HOSPITAL OR INSTITUTION OF STREET ADDRES	2 TT-4 Ad-		.,Ft.Howard,		STREET	s 1832	(If rura Light St	I, give lo	cation)			/
3. NAME OF	(First)		(Middle)		(Last)		14. DATE		-42	(D-)	/91	
DECEASED (Type or Print)	WILBERT		H.		LINTO		OF DEATH	Ja	nth) .nuarj		1	(ear)
Male	6. COLOR OR I	RACE	WIDOWED, DIVORO (Specify) Marrier	CED,	7-7-9		9. AGE last h	irthday	If under Months	I year If Days E	under :	Mfn.
done during most of w	orking life, even if		10b. KIND OF BUSINES				or foreign count	ry)	12	COUNTRY!		
Galvanize	E		1	1	Dall.	R'S MAIDE	Maryland		- 1		US.	A
							A MANUA					
William I.		Former?	16. SOCIAL SECURITY	No. 1.	Ada V	Woodey						
(Yes, no, or unknown)				No.		ANT AND					- 3	
Yes	service) VIVI	1	Unknown				t.Adm.Ho:	sp.,	t.Hov	vard, 1	ld.	
			18. MEDIC	CAL CERT	TIFICATION					7	- D	
I. DISEASES OR CO	NDITIONS DIRE	ECTLY L	EADING TO DEATH							INTERVA ONSET	T REL	VEEN
		773	DANISATA ATTACA	- 4	20214 71	CTOM 117073	DD TODE	00000		*******	PAREE N.	
162 x Immediate	e cause		RONCHOGENIC (HUS	UNKI	MMIN	
Anteceden	t e91190(c)		WITH METASTAS	SES TO	LIVER	, ADREN	ALS, BRA	IN				
	conditions, if any,	(b)										
giving rise to	the above cause nderlying cause fast						\$ \$ 6 to 4 to materials in State \$ 10.0 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	**************		. 10 40 80 88 1 1 1 1 1 1		
ROWGING CTIS OF	nderlying cause rase											
11. OTHER SIGNIFIC	ting to the death b	ut not										
related to the disease			Thing on onen im	***								
19a. DATE OF OPER	RATION 196. M	AJOR FI	NDINGS OF OPERAT	ION						Yes E		77 0 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE OF INJUR	C (Home, farm, factory, office bldg., etc.)	street,		(CITY OR	TOWN)	(C	OUNTY)		ATE)	
TIME (Month) OF INJURY	(Day) (Year) (1	NJURY OCCURRED While at Not While		HOW DID	INJURY OC	CCUR?					
INJUNI		m. I	Work At work									
22. I hereby certi	fy that Watten	ded the	deceased fromJ.a.	n. 2	, 19.51, 1	to Jan	15, 19.51.	, XEKGEX	I COSTA	aw the	leceas	ed les
all ve you XXXX	XXXXXXXXXXXXX	XX and	that death occurred	dat 8:	15 A. m	from the	hae popules	on the	data et	atad aha	370	
11 SIGNATURE	rlena	Will Will	(Degree or title)	a a b b c c c c c c c c c c	ADDRESS	1., 110111 0110	causes and	on the	uave su	DATE	SIGN	ED
IRVING FRE	EMAN, M. I)., AC	TING CHIEF, I	MEDICA	L SERV	ICE, VA	H, FORT	HOWAF	D, M	0. 1-1		
23. BURIAL, CREMA REMOVAL (Speci Burial	(fy) /-	18-19	5/ Baltimon			LATORY	Baltim				(State	a)
DATE REC'D BY	LOCAL REGIST	LAR'S SI	GNATURE /			AL DIRECTO			- 4	ADDR	ESS	
REG.//	1/1/	w,	Hedre	el	Flynn a	& Flemi	ng 1426	Ligh	t St	reet		
-11			Des	1/3		0 1/1/				ryland	i	

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

0242

COUNTY Paltimore MARYLAND	STATE Maryland COUNTY Ralto.
CITY (If outside corporate limits, write RURAL and OR give nearest town) Stoneleigh CITY (If outside corporate limits, write RURAL and OR Sive nearest town) Stoneleigh CITY (If outside corporate limits, write RURAL and OR Sive nearest town) Stoneleigh	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home	STREET (If rural, give location) ADDRESS
3. NAME OF (First) (Middle) DECEASED (Type or Print) John Mays	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Jan. 1 1951
Male Male White 7. SINGLE, MARRIED WIDOWED, DIVORC (Specify) WILDOW	ed Aug. ! 1010 19 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY ALLY. & President First Nat. Bk, Parkto 13. FATHER'S NAME	Dowlet on Dolt o Co Country?
Not obtainable	Not obtainable
15. Was Decrased Ever In U.S. Ammed Forces? (Yes, no, or unknown) (If year, give war or dates of service)	No. 17. INFORMANT AND ADDRESS Elmer R. Haile Reckord Bldg., Towson
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause 334 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	LESSEN HOSTENION INTERVAL BETWEEN ONSET AND DEATH / Wh.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATI	ION 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, to OF office bldg., etc.) INJURY	(2112)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
alive on 1951, and that death occurred (Degree or title)	24. FUNERAL DIRECTOR HOW SOLD BADDRESS Sol Walvery Sol
V V	055 716

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

510506

		GERTIFICAT	E OF DEATH Reg. Dis	st. No
1. PLACE OF DEAT COUNTY Ba	2timore	20 MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Mary 22nd CO	UNTY Bazt;
CITY (If outside OR give neare TOWN	corporate limits, write RUR.	AL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and OR TOWN B277;	nd give nearest town)
HOSPITAL OR INSTITUTION (STREET ADDR	OR 19 Herr	ison Ave.	STREET ADDRESS 519 Fairvie	
3. NAME OF DECEASED (Type or Print)	Jdmes	(Middle)	udw; d 4. DATE (Month	, (), ()
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birtbday If	under 1 year If under 24 hrs onths Days Hours Min.
done during most of	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Baztimore, Md.	12. CITIZEN OF WHAT COUNTRY? 21. S.A.
13. FATHER'S NA.	ME	ndwig	14. MOTHER'S MAIDEN NAME Jennie Keys	
15. WAS DECEASED I	Ever In U.S. Armed Forces) (If yes, give war or dates of service)	? 16. SOCAL SECURITY No. 01 717-07-6125	Son John W. L.	ndwig
		18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR C	te cause (a)	Pulmondr	y edem d	ONSET AND DEATH
Antecede Diseases or giving rise	ent cause(s) conditions, if any, to the above cause underlying cause last	Carcinom	a ot bladder	2 /rs
Conditions contrib	(c) FICANT CONDITIONS outling to the death but not ease or condition causing deat		weight Loss & ma	2nutrition
19a. DATE OF OP	ERATION 196. MAJOR I	FINDINGS OF OPERATION	(Church Home	20. AUTOPSY? Yes □ No □
21. ACCIDENT SUICIDE HOMICIDE			(CITY OR TOWN) (COU	
	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
7			7, 1950, to Jan 7, 1951, that I l	
alive on	rles III	d that death occurred at	ADDRESS 815 Esstern Ave 1	DATE SIGNED
24. BURIAL CREM REMOVAL (Spe	10/0/0	7 Cakda	RY OR CREMATORY LOCATION, (City, town, or	county) (State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	21. FUNERAL DIRECTOR White 20	ADDRESS OF Calorino

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15

VS. A15

The correct age

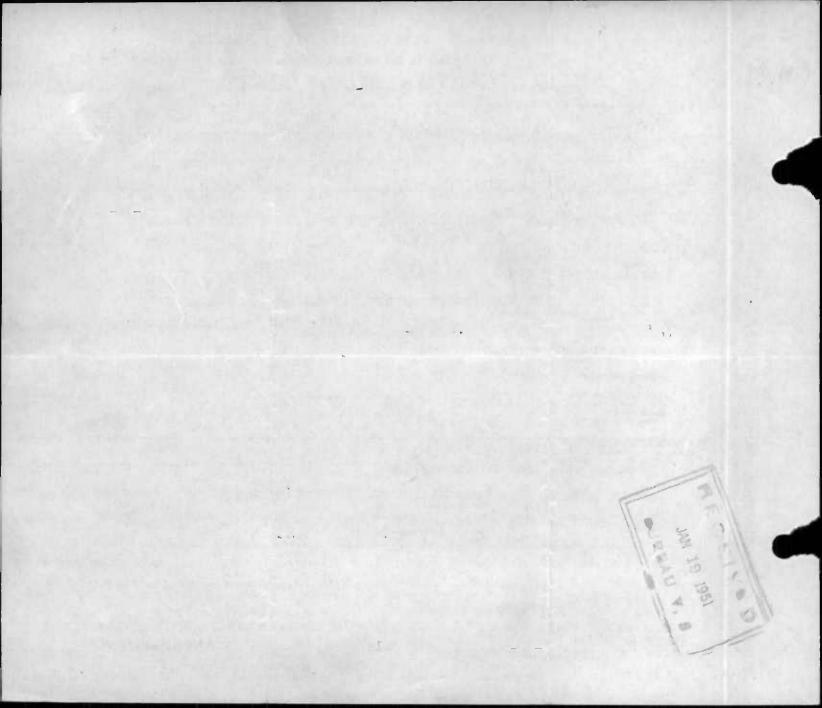
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0244

CERTIFICATE OF DEATH

1. PLACE OF DEATH			2. USUAL RESIDENCE ()		COUNTY
Baltimo		MARYLAND	Maryland	Ba	Itimore
OR give nearest	orporate limits, write RUR. town) niels	AL and LENGTH OF STAY (in this place)	OR TOWN	Daniels	L and give nearest town)
HOSPITAL OR			STREET	(If rural, give lo	cation)
INSTITUTION OF STREET ADDRESS		rick Row	ADDRESS 106	Lower Brick	
3. NAME OF DECEASED (Type or Print)	(First) Rose Marl	(Middle)	(Last)	OF	nth) (Day) (Year) -16-51 19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOW	s. DATE OF BIRTH		If under 1 year If under 24 hrs. Months Days Hours Min.
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY None	Maryland		12. CITIZEN OF WHAT COUNTRY?
At home	E	None	1 14. MOTHER'S MAIDEN	NAME	
Unkn			Unknown		
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown)	(If yes, give war or dates of service)	None	Mrs. Webb Wil		d.
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	NDITIONS DIRECTLY	7			INTERVAL BETWEEN ONSET AND DEATE
V	(1)	y aloutsihou			1 mm Ft?
1 Immediate	e cause (m)z				
Diseases or o	onditions, if any, (b)	knewlyd arke	ordere "	19 Dellagos 100 or 100	18 yrs -
	the above cause inderlying cause last (c)	Pemphigus			+ ds-, s -
Conditions contributed to the disease	CANT CONDITIONS uting to the death but not se or condition causing deat				
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY1
					Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, atreet, office bldg., etc.) JRY	(CITY OR '	rown) (C	OUNTY) (STATE)
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
	m.		1		
22. I hereby certi	ify that I attended th	e deceased from 1-15	, 1927., to	6 , 197 , that	I last saw the deceased
alive on	-/6 , 19.17 , an	d that death occurred at		causes and on the	date stated above.
SIGNATORIA	Lan a. Nort	em, ut.	Elicut	cy 2md	1/17/57
23. BURIAL, CREM REMOVAL (Spec Burial	TION DATE THERE			LOCATION (City, town	,,
Burial DATE REC'D BY	1-18-5 LOCAL REGISTRAR'S	SIGNATURE Daniels	24. FUNERAL DIRECTO	Daniels, Mar	yland.
REG. / 7 / 7 - 6	51 T/F.	Harry	F.C. Higinboth		



2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

0245

1. PLACE OF DEAT COUNTY	Parkville	MARYLAND	2. USUAL RESIDENCE STATE Ma	(HOME) OF DEC	EASED. COUNT	YParkville
CITY (If outside c OR glvo nearest TOWN	orporate limits, write RUR town) Baltimor		CITY (Il outside corp OR TOWN BE	altimore	RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R 2725 Map	le Avenue	STREET ADDRESS 2	2725 Mape	le Avent	ıe .
3. NAME OF	(First)	(Middle)	(Last)	1 4. DATE	(Month)	(Day) (Year)
DECEASED (Type or Print)	George	A. Marti	n	OF DEATH	Januar	cy 5 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	Mar. 12.157	9. AGE last birt	Months	
male	<u>white</u>	(Specify) Marro OWed	Mal TE	1 /6	YIB.	
done during most of v	ATION (Give kind of work working life, even if retired) hinist	10b. KIND OF BUSINESS OR INDUSTRY B.T.C	Baltimore			COUNTRY?
12 PARTIEDIO MAN	The state of the s	2002.00	1 14. MOTHER'S MAIDE			
13. FATHER'S NAM	Walter Mart	in	Lena ?			
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS		
	(If yes, give war or dates eservice)		Mrs. Mary Wi		Maple	Avenue
		18. MEDICAL C				
Immediat 57 Antecede Diseases or giving rise t	e cause (a) or teause (s) conditions, if any, or the above cause underlying cause last	LEADING TO DEATH Caccin and	r of head	of ps	nevas	INTREVAL BETWEEN ONSET AND DEATE ?
11. OTHER SIGNIF	(c) ICANT CONDITIONS					1
	uting to the death but not use or condition causing deat	h.				
19a. DATE OF OPE	RATION 19b. MAJOR	FINDINGS OF OPERATION				20. AUTOPSY?
						Yes No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?		
		e deceased fromD.c.: d that death occurred at (Degree or title)	22			
2. BURIAL, CREM REMOVAL (Spec BUL 181	TATION DATE THERE		8100 Harry or crematory d Cemetery	LOCATION (City Baltin	town, or/coun	
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	Leonard J.		SO5 Han	ford Rd
- 1/0/	5 / · · · · · ·		ranuara n.	E 4 11	nai.	1014 114
1		110		0 10/6	7	

2411 N. Charles Street, Baltimore

0246

CERTIFICATE OF DEATH

COUNTY.	J4 Yakona	MARYLAND	STATE Maryland County Balto.		
Baltimore Cou	limits, write RURA	L and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)		
()K give negrest fown)		10 Yrs place)	Town Rural, Baltimore		
TOWN Baynesvi		120 2130	STREET	(If rural, give location)	
INSTITUTION OR STREET ADDRESS				4 Yakona Rd.	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	John	Kirby	MARIA	DEATH Jan.	25 1951
6. COL		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify Married	s. DATE OF BIRTH 4-6-1885	9. AGE last hirthday If under Months	l year If under 24 hrs. Days Hours Min.
10. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country) 19	CITIZEN OF WHAT
Stationary line.	e, even if retired)	INDUSTRY	North Carol	ina	COUNTRY?U.S.A.
Stationary Eng. 13. FATHER'S NAME	3		14. MOTHER'S MAIDE	NAME	
John N. T. Ma			U	nknown	
15. WAS DECRASED EVER IN U.	S. ARMED FORCES?	16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown) (If yes, service)	World War	I 578-05-4918	Mrs. Jessi	Montin Same	
		18. MEDICAL CE			
I. DISEASES OR CONDITIO	NS DIRECTLY L				INTERVAL BETWEEN ONSET AND DEATH
		110			11
Immediate cause	(a)		ra		
177X Antecedent cause	(s)	0	a of pro		
Diseases or conditions	, if any, (b)	green on	To I for	The	
5 Je giving rise to the above	ve cause cause last				
	(c)				
11. OTHER SIGNIFICANT C Conditions contributing to the related to the disease or cond	he death hut not				
19a. DATE OF OPERATION					20. AUTOPSY?
					Yes No B
21. ACCIDENT (Speci SUICIDE HOMICIDE	fy) PLAC OF INJUI	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUNTY)	
	(Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OF	CCUR?	
OF INJURY	m.	While at Not While Work At work			
			, 1950, to Jan	25, 195/, that I last s	aw the deceased
alive on Ar 45	195 / and	that death occurred at	715 P m from the	e causes and on the date st	ated shove
SIGNATURE	/	(Degree or title)	ADDRESS		DATE SIGNED
6 ,	9.	117 / 0-	1 - 1 1 =	720	11. 1-
100000	Mon	(C)	13 foch 1	over way	116/5/
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREO			LOCATION (City, town, or coun	
BEMOVAL (Specify)	Jan. 29t			Balto. Co., Md	
DATE REC'D BY LOCAL	REGISTRAR'S S	SIGNATURE	24. FUNERAL DIRECT	OR Jenkins & Sons	COADDRESS
REG. 1-26-51		4	4905 York	Rd.	000, 1110.
		/	Balto., 1		1111
			Dan out	of Man	VVV

Vn Ed Gordon Gran 8523 Soch Romen Bld Nvidence for addition

of 21-shonw on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH 30 FER 14 1051

1. PLACE OF DEATI	1.		2. USUAL RESIDENCE (IOME) OF DECEASI	
COUNTY	Balto.	MARYLAND	STATE Md.		COUNTY
CITY (If outside co OR give nearest TOWN	orporate limita, write RUR. town) Catonsville	AL and LENGTH OF STAY (in this place)	CITY (If outside corpor OR TOWN Baltimos		L and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS		Nursing Home	STREET ADDRESS 190	(If rural, give to 6 Riggs Ave.	ocatioo)
3. NAME OF DECEASED (Type or Print)	(First) LOUISE	(Middle)	(Last) MARTIN	4. DATE (M. OF DEATH	onth) (Day) (Year) Jan. 31 1951
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WldOWed	s. DATE OF BIRTH March 2, 1865		If under 1 year If under 24 hrs. Months Days Hours Min.
done during most of w	ATION (Give kind of work working life, even if retired)	10b. Kind of Business on Industry	II. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME	
Ferdinand S:			Dora Smith		
15. WAS DECEASED EV	VER IN U.S. ARMED FORCES (If yes, give war or dates of	7 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
no	service)	none	Mr. Ferdinand	Siegman - 17	O5 De Soto Rd.
		18. MEDICAL CE	RTIFICATION		T
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	0		INTERVAL BETWEEN ONSET AND DEATH
	/	Interiorcleratio	a disconsula.	Dice	2 400.0
Immediate	e cause (a)	o ce con con co	www.ory.co.co.	Jugar	; fears
422./ Anteceder					
eluring wise to	conditions, if any, (b)		PS a trivir interestigate extensions on publican wave no electrical sections also adjust was a way pr		** NR 407-0-7-0-1-1-009-1-1
	nderlying cause last				
H OTHER STONIES	(e)				
related to the diseas	ting to the death but not se or coodition causing deat		ip, l.f.		4 mos
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
	(7 1/2) 1 TX A				Yes 🗆 No 🛭
	Accident OF		1806 Riggs Av	e., Palto. 1	7, Md. (STATE)
OF INJURY 7-14	(Day) (Year) (Hour) 4-50 m.	INJURY OCCURRED While at Not While Work At work	How DID INJURY OC		O AM. (2-14 51)
22. I hereby certi	fy that I attended the	e deceased from Feb. 17	, 1949, to Jan.	30, 195/, that	I last saw the deceased
alive on January	30 1957, an	d that death occurred at! (Degree or title)	O:00 Pm., from the	causes and on the	date stated above. DATE SIGNED
(. Gether		dus 24	36 Washing	You Blod.	-30 2/2/51
23. BURIAL, CREM. REMOVAL (Special	ify) 2/3/51 6	Balto. Ce		Balto. M	
DATE REC'D BY I	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	R,	ADDRESS
Tehway 3-1	1951 K.W.		1/m. J.V	clever & S	no- sallo; im.

UNFADING

important.

PLAINLY, is especially i

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WRITE

PLEASE

correct

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0245

Reg. Dist. No. I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY Galtimore MARYLAND 10 CITY (If outside corporate limits, write RURAL and OR give nearest town), LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) (in this place) TOWN suille HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS UCHUG VEMUC STREET ADDRESS 3. NAME OF (Middle) 4. DATE (Last) (Month) (Day) (Year) DECEASED IIZabeth ella 13 DEATH JANGALY (Type or Print) 195/ 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under I year | If under 24 hrs. Months. | Days | Hours | Min. Female While Ion. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) I2. CITIZEN OF WHAT INDUSTRY COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME acob homes 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If year, give war or dates of pervice) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) 6 rugge Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | № П 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) SUICIDE OF office bldg., etc.) INJURY HOMICIDE INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? Not While While at INJURY Work At work [22. I hereby certify that I attended the deceased from VC+ 1949, to 13 Jan, 1951, that I last saw the deceased (Degree or title) SIGNATURE DATE SIGNED Cockey smile January 1951 23. BURIAL, CREMATION REMOVAL (Specify) NAME OF CEMETERY OR GREMATURY LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL I/REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS REG

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

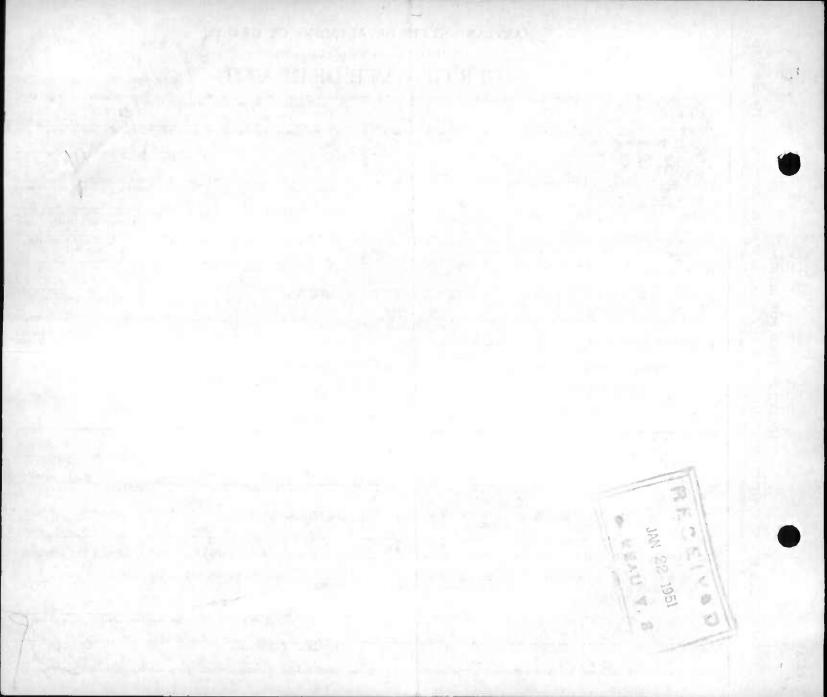
VS. A15,

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY B
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS Restentern Ref	STREET (If rural give location) ADDRESS 70 Farrison Forest School
3. NAME OF (First) (Middle) DECEASED (Type or Print) DAVID EVERETT	MZYNE 4. DATE (Month) (Day) (Year) OF DEATH OM 16 /1976
6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) School	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no or unknown) (If yes, give war or dates of 213-01-1344	War V. Mayne - Garrison Bereit school
18. MEDICAL CE	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420	oronary thrombours 5 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause iast	lerosis of coronary arteries 2 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	(apparently aired) 20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	-, 19.57, to fam /6, 19.57, that I last saw the deceased
alive on 19	ADDRESS DATE SIGNED
Value V Va	Tikloville 8, md. 16 Jan 51
DREMOVAL (Specify) 1/19/51 Ingles	Talle Location (City, town or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1-18-51 The Metal	24. FUNERAL DIRECTOR JULIAN JULIEN STREET S



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charies Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

0250

1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED	OUNTY Ballinoste
	ZLAND	01111		
OR give nearest town) Towson (in t	H OF STAY his piace)	OR >	ate limits, write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5/9 ANNESCIE	RD.	STREET ADDRESS 519	Annes / C	LiOE)
3. NAME OF (First) (Middle) DECEASED (Type or Print) (Type OF Print)	m	(Last)	4. DATE (Mont OF DEATH AM	44
5. SEX 6. COLOR OR RACE 7. SINGLE, MA WIDOWED, D (Specify) W	IVORCED.	8. DATE OF BIRTH June 30, 1870	9. AGE last birthday I	under 1 year If under 24 hrs. fonths. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		II. BIRTHPLACE (State of Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas W. Keys		14. MOTHER'S MAIDEN Temperance		
15. Was Decrased Ever In U.S. Armed Forces? Yes, no, or unknown) (If year, give war or dates of no no no more than the service)	URITY No.	Mr. Robert (C. McKee - 402	American Bldg.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	EATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Discases of conditions, if any, (b/		ArindenX, old =		May 23, 45
stating the underlying cause last	ronory of	Arterioscleroti		Company
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OR			(+abrasion	Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm,	actory, street,	(CITY OR	rown) (Cou	UNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCUP OF While at Not	RRED While t work	HOW DID INJURY OF		
22. I hereby certify that I attended the deceased from				
alive on 4, 195, and that death of SIGNATURE	curred at	ADDRESS from the	causes and on the d	ate stated above.
Ser Yes G. Stall Jr. 2950			Da Stronore	nd. /20/4/51
REMOVAL (Specify) Burial 1/8/51 Mt	J. Zion	Cem.	Freeland,	Md.
DATE REG. S BY LOCAL REGISTRAR'S SIGNATURE.	ul	24. FUNERAL DIRECTO	Tickney Ys	San - Rally
,),	2			WA.



2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
Baltimore MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN FOR HOWARD, 51 (days)	CITY (II outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore	
HOSPITAL OR INSTITUTION OR	STREET (Afrural, give location) 303 Pine St. Turners Station	
STREET ADDRESS Vets.Adm. Hosp. Ft. Howard, Md.		
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Ye	ear)
	CORMICK JR. OF DEATH January 29 19	951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 2	4 hru.
Male colored WIDOWED, DIVORCED, (Specify) married	10-24-18 32 yrs. Montha Days Hours 1	Mln.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on done during most of working life, even if retired) INDUSTED LEOOPET LEOCOLUMN BUSINESS OF LEOCOLUMN BUSINESS O	11. BIRTHPLACE (State or foreign country) Winnsboro, S.C. 12. CITIZEN OF W COUNTRY? USA	HAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	_
Leslie McCormick Sr.	Nancy MacLillie	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	-
(Yes, no, or unknown) (If yes, give war or dates of 251-18-5461	Clinical Rec. Vets.Adm. Hosp. Ft. Howard, Md	
18. MEDICAL CE		=
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWO	
Immediate cause (a) Primary Carcinoma	of Liver unknown	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY	7
21. ACCIDENT (Specify) SUICIDE HOMICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)	<u> </u>
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that Dattended the deceased from Dec. 9	, 19.50, to Jan. 29., 19.51 Xthat XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX
XIVE ADVXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	7:00 A.m., from the causes and on the date stated above. ADDRESS DATE SIGNE	ED
IRVING FREEMAN, M.D. ACTING CHIEF MEDICAL	SER. VAH FT. HOWARD, MD. 1-29-51	
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	CRY OR CREMATORY LOCATION (City, town, or county) (State)	
REMOVAL (Specify) Feb. 2-1951 Mt. Olive Co		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
Chivary 20 1951 KW. Hedreel	Chas.R. Law, 802 Madison Ave. Balto. Md.	
7 1		-

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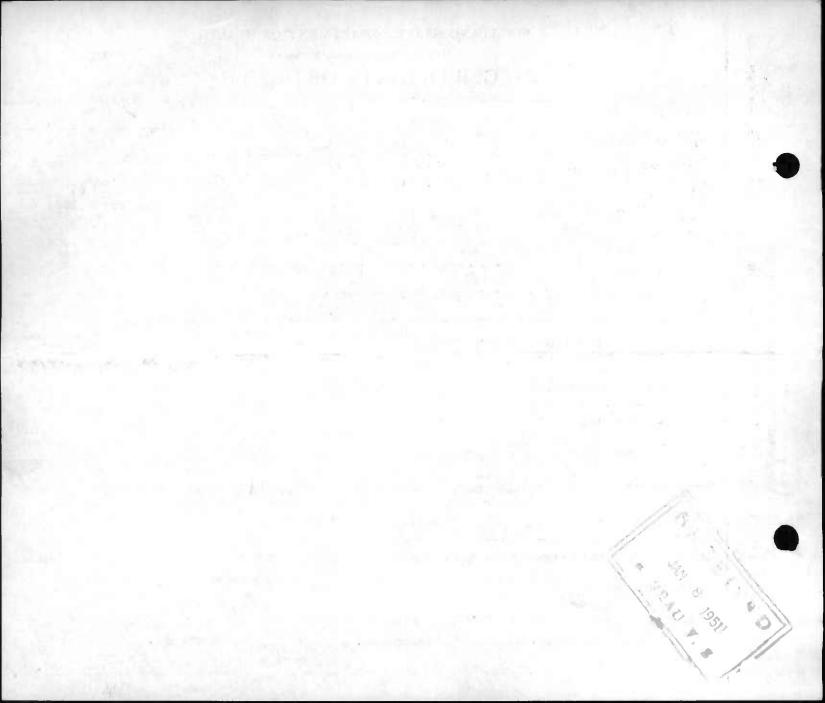
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0252

Reg. Dist. No.... 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE COUNTY Baltimore Balto. Chase MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) (in this place) iver Baech 33vrs TOWN Chase HOSPITAL OR STREET (If rural, give jocation) INSTITUTION OR ADDRESS STREET ADDRESS Redbird Rd & Sylvan Rd Box 405 3. NAME OF (First) (Middie) (Last) 4. DATE (Month) (Day) (Year) DECEASED OF Elizabeth M.McConnell January 4.1951 (Type or Print) DEATH 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married 9. AGE last hirthday | If under i year | If under 24 hrs. | Months. | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 65 Female White May30,1885 10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY? none none 14. MOTHER'S MAIDEN NAME Unknown 13. FATHER'S NAME -- Nichol 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes. no or unknown) (If year, give war or dates of Mr.Stillman McConnell none service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Oct 1950 Stowach cenoma No 21. ACCIDENT PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (Specify) (STATE) office hidg., etc.) SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work | kee 4 , 197 , that I last saw the deceased and that death occurred atm., from the causes and on the date stated above. alive on (Degree or title) ADDRESS SIGNATURE DATE SIGNED 23. BURIAL, CREMATION REMOVAL (Specify) BURIAL LOCATION (City, town, or county) DATE NAME OF CEMETERY OR CREMATORY (State) Jan. 7. 1951 Ebenezer Cem 2/ FUNERAL DIRECTOR DATE-REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS REG. 2W. 5, 195 2024 Orleans St.



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No

1. PLACE OF DEAT COUNTY	H. O.L		2. USUAL RESIDENCE	(HOME) OF DECEASED.	DVMV
COUNTY	Dellemon	MARYLAND	STATE mod	COL	INTY Bulling
CITY (If outside o	orporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpo	orate limits, write RURAL ar	
OR give nearest TOWN	town) Bradeley	(in this place)	TOWN Bras	Cheur	
HOSPITAL OR			STREET	(If rural, give location	on)
INSTITUTION OF			ADDRESS		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Brendak	1)-en McC	TOCKON	DEATH Jana	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	1 8. DATE OF BIRTH	1 2. AGE last birthday LFG	nder I vear (If under 24 hrs
E	N	WIDOWED, DIVORCED, (Specify)	Que 17/50	9. AGE last birthday If D	nthe Days Hours Min.
10a, USUAL OCCUP	ATION (Give kind of work	10h. KIND OF BUSINESS OF	11. MRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
done during most of v	working life, even if retired)	INDUSTRY	Bradela		COUNTRY?
13. FATHER'S NAM		7770	114. MOTHER'S MAIDE		43
	Ray mors	· V · · ·	Gran M. C.		
15 Was Drawnson F	VERON U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown)	(If yes, give war or dates	of	- 12		//
	service)		me Bay MY	consen Bran	blev my
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
		Septimeni	a		12hr
20/2 Immediat	e cause (a)	90			
Anteceder	nt cause(s)	OTiti one	dia par	lelons	/ day
Diseases or	conditions, if any, (b)	o was true	and for		
stating the	inderlying cause last				
	(c)				
	CANT CONDITIONS				
related to the disea	se or condition causing deat				
19a. DATE OF OPE	RATION 19b. MAJOR 1	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No Ex
21. ACCIDENT SUICIDE	(Specify) PLA OF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COUN	NTY) (STATE)
HOMICIDE	πni	JRY			
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY O	CCURT	
OF INJURY	m.	Work At work			
		1/27	5-1 1/4	95 51	
22. I hereby cert	ify that I attended th	e deceased from	, 19, to	20, 195, that I la	st saw the deceased
alive op	12) 19 3/ an	d that death occurred at	10 A m from th	a course and on the dat	a stated above
SIGNATURE	,, , , , , , , , , , , , , , , , ,	(Degree or title)	ADDRESS	causes and on the dat	DATE SIGNED
9/2011	P X a Classes	n 14. D	B 001 =	Mis	1-0-1-
derun	0 0000		but Au	4	120/5/
23. BURIAL, CREM REMOVAL (Spec			RY OR CREMATORY	LOCATION (City, town, or	
picki	M MAN. 31)14		Alley	Glade Spring	VA.
DATE REC'D BY	LOCAL RECISTRAR'S	SIGNATURE	24 FUNERAL DIRECT	OR ROO	ADDRESS
1/29	121 Just	the vouvour	House I As	she sex les	med
	7 1/-				

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information careful is especially important. Physicians: please write the causes of death clearly and legible MARGIN RESERVED FOR BINDING

The correct age

VS. A15

Town 3000 sliffer TO THE PORT OF THE LAND OF THE LAND

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

		,	Meg. Di	St. 110
I. PLACE OF DEATH-		2. USUAL BESIDENCE (HOMEY OF DECEASED	Andry
CITY (II outside corporate limits, write RUR	MARYLAND	Marylo	ya Hal	simore
CITY (If outside corporate limits, write RUR OR give hararest town) TOWN	AL and LENGTH OF STAY (In this place)	OR TOWN	rate file ta vrite RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If ru al give loca	tion)
3. NAME OF (First)	(Middle)	(Last)	14. DATE (Mon)	h) (Day) (Year)
(Type or Print) TOBERT	5.	MELLOOD	OF DEATH	-24-195
6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Sec 27-1869	9. AGE last birthday II	under I year If under 24 hr lonths Days Hours Min
done during most of working life, even if retired)	10b. KIND OF BUSINESS OR	IL BIRTIPLACE (State		12. CITIZEN OF WHAT
3 FATHER'S NAME MC) -ug	MOTHER'S MAIDEN	NAME	, -
5. WAS DECRASED EVER IN U.S. ARMED FORCES Yes, no, or unknown) (If yes, give war or dates		LE INFORMANT	13. A	Grander
service)	1/10/1/2	Misi Durina.	Den, 1133	/unmound
	18. MEDICAL CE	RUFICATION		INTERVAL BETWEE
DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	1 1/2	p	ONSET AND DEATH
Immediate cause (a)	MYDCARSI	tis, Chro.	1/10	
	3/		On wenny, see, so s, se ee, 1909 1901	
Antecedent cause(s) Diseases or conditions, if any, (b)	Denih, ty			
giving rise to the above cause stating the underlying cause last				
stating the under ying cause last				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	(AKCINA)	of PROSTATE	(01,00)	1/2 71110
related to the disease or condition causing deal 19a. DATE OF OPERATION 19b. MAJOR		1 COSTATE	(sust	1 20. AUTOPSY?
			V.	Yes □ No □
PI. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.		(CITY OR	TOWN) (CO	UNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OC	CCUR?	
22. I certify that I took charge of the remo		Interval Institute	I Imminuted House	and from the suidence
obtained by said Autopsy, Inspection o	r Inquiry, find that said dece	ased died on the dry state	ed above, and death in	my opinion resulted
from; natural causes . accident], suicide [], homicide [],	undetermined		1 .
SIGNATURE	(Degree or title)	ADDRESS	1	DATE SIGNED
We warm Ins	Muss hed	uni - 1 Ill	LAAUC-VVI	18/10/1
23. BURIAL OF MATION DATE PHERE	OF NAME OF CEMETE	RY OR CREMATORY	LOGATION (City, town,	or county) /// (State)
REMOVAL (Specify) /27/3	5/ Mit or	mes to	Salkmore	- 1/19
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECT	R	ADDRESS/
1/24/51 a.	w. peduch	1/1/XOOK V	ed 12/10/1	Jan N
	17		515	241
			2/2	2010

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age VS. A15A

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VS1 A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

0255

1. PLACE OF DEAT COUNTY B	r u. altimore	MARYLAND	2. USUAL RESIDENCE (E STATE Md.	HOME) OF DECEASED. COUN	TY Baltimore
OR give neare TOWN	corporate limits, write RURA LUMSVILLO	AL and LENGTH OF STAY (in this place)	TOWN Catonsy		give nearest town)
HOSPITAL OR INSTITUTION O STREET ADDRI		mouth Rd.	STREET ADDRESS 5219 Ga	(If rural, give location) armouth Rd.	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	MARY	NUGENT	McNALLY	OF DEATH Jan.	29, 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,		9. AGE iast birthday If under Month	er 1 year If under 24 hrs. Days Hours Min.
female	white	(Specify) widowed	1/31/1870	80 yrs. 1	- Jays Mais Mills
done during most of housewife	PATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY at home	Maryland	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. PATHER'S NAI	ME		14. MOTHER'S MAIDEN	NAME	
Patrick Nu	rent		Jane McNally		
15. WAS DECRASED I	EVER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown) (If year, give war or dates of service)	· ·	Mrs. H. Royal	Williams - 5219	Garmouth Rd.
I. DISEASES OR C	CONDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	ERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
		1. 6.	sclenotec C.U	1.	
Immedia	te cause (a)		Scleart-C C-V	Q13e 01 8	**************************************
Antocode	ent cause(s)				
1		Buch	2000 Liver		
giving rise	to the above cause underlying cause last		7 7 7		*****
Conditions contril	FICANT CONDITIONS huting to the death hut not ease or condition causing deat	h.	,		70-101 Pag 20 20 20 20 20 20 20 20 20 20 20 20 20
		INDINGS OF OPERATION			20. AUTOPSY?
					Yes No P
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office hidg., etc.)	(CITY OR T	OWN) (COUNT	
OF	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCC	CUR?	
INJURY	m.	Work At work	7		
22. I hereby cer	tify that I attended the	e deceased from	, 19.4.7., to	, 19.5/, that I last	saw the deceased
alive on	0 1	d that death occurred at (Degree or title)	ADDRESS		stated above. DATE SIGNED
		wis oh mo		B414154	1/30/50
23. BURIAL, CREA REMOVAL (Spe Burial	MATION BATE 2/1/51	Name of cemete	ry or CREMATORY L	Balto. Md.	nty) (State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	chener & Son	ADDRESS Callo
= - 1/-		VIII	3 01/11/11/19		MAX
		1			1 1 1 1 1 1

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0256

COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (I	COINT	Y	
CITY (If outside c OR give nearest TOWN	rort Howard		CITY (If outside corpor	ate limits, write RURAL and gi W. North Avenue	ve nearest town)	
HOSPITAL OR INSTITUTION O' STREET ADDRE	R Wet Adm Hosm	.,Ft.Howard,Md.	STREET	(If rural, give location) imore, Maryland	V	
3. NAME OF DECEASED (Type or Print)	(First) CHARLES	(Middle)	(Last) METZEL	4. DATE (Month) OF DEATH Jamuary	(Day) (Year) 20 1951	
6. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wildowed	8. DATE OF BIRTH 7-23-73	9. AGE last birthday If under Months	1 year If under 24 hr	
done during most of	ATION (Give kind of work yorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Harford Co.,		2. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME	0025	
Jacob Met	zel		Alice Ann Bro	ooks		
	VER IN U.S. ARMED FORCES		17. INFORMANT AND ADDRESS			
Yes	service) SAW	Unknown	Clin.Rec. Vet	Adm Hosp Ft How	ard.Md.	
		18. MEDICAL CE	RTIFICATION			
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH	
		CARCINOMA OF PRO	STATE		UNKNOWN	
Immediat	e cause (a)	Outolitoide of little	, or a second		O INCINOW IN	
Diseases or giving rise to	ord cause(s) conditions, if any, o the above cause underlying cause last (c)					
Conditions contribu	CANT CONDITIONS sting to the death but not se or condition causing deat	h.				
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?	
					Yes X No	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	COUNTY)		
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
22. I hereby cert	ify that A attended the	e deceased from Jan.7	, 19.51, to Jan.20), 19.5 1, XIGEXIXIGEX	MARCHARITATION AND AND AND AND AND AND AND AND AND AN	
MAX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	DODEXXXXXXXX an	d that death occurred at	3.:45A. m., from the ADDRESS	causes and on the date st	ated above. DATE SIGNED	
	O EARECKSON			, MARYIAND	1-20-51	
23. BURIAL, CREM REMOVAL (Spec BUI 121	1/23/5	Mount Olive	Cemetery	Baltimore, Mary		
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	R	ADDRESS	
1/22	150 a. C	d. Helrech	Howard Blight	Funeral Home 600	09 Harford	
7		NE - A		Apd Paltimone		

The correct age

Supply every item of information carefully. write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

vidence for change in 9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

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FLM No. G	130 FEB 219	CERTIFICAT	E OF DEATI	H Reg	Dist. No	41
1. PLACE OF DEAT	.н.		2. USUAL RESIDENCE (HO	OME) OF DECEAS	COUNTY	
COUNTY Bal	timore	MARYLAND	Marylan	d	COUNTY	Balto.
CITY (If outside	corporate limits, write RURA	L and LENGTH OF STAY	CITY (If outside corporat		AL and give	
OR give neares	t town) Dundalk	36 this place	Town Dundalk			
HOSPITAL OR			STREET	(If rural, give	location)	
STREET ADDRE	or 1916 Augus	ta Ave.	ADDRESS 1916 Au	gusta Ave	3	
3. NAME OF	(First)	(Middle)	(Last)			(Day) (Year
(Type or Print) W	ladyslawa H	elen Milewski		OF DEATH	Jan. 9	9 19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,		. AGE last birthday	/ If under 1	year Hunder 24 h Days Hours Mi
Female	White	(Specify) W1QOW	April 22 1885	65 CE J yrs.	. 1	
	PATION (Give kind of work working life, even if retired)	Industry Housework	Polend	foreign country)	Co	CITIZEN OF WEA
13. FATHER'S NAM	ME		14. MOTHER'S MAIDEN	NAME		
	Pieczko	wski				
15. WAS DECRASED I	EVER IN U.S. ARMED FORCES (If yes, give war or dates of service)	? 16. SOCIAL SECURITY NO.	17. INFORMANT			
		18. MEDICAL CE	RTIFICATION		1	
I DISEASES OF C	ONDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL BETWEE
I. DISEASES OR C	ONDITIONS DIRECTED		1. +			1 / A a
Immedia	te cause (a)	(ANCER O)	- WTERUS		-	14/1/0.
Diseases or giving rise	enf cause(s) conditions, if any, to the above cause underlying cause last	irih melast	Ases (Dec	irialy)		
II OTHER SIGNIE	(e) FICANT CONDITIONS				1	
Conditions contrib	outing to the death but not base or condition causing deat	h				
19a. DATE OF OPI	ERATION 19b. MAJOR F	INDINGS OF OPERATION			1	20. AUTOPSY?
NOV. 1	949 CA.	of WTERIS				Yes No l
21. ACCIDENT / SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TO)WN)	(COUNTY)	(STATE)
TIME (Month)		INJURY OCCURRED	HOW DID INJURY OCC	UR?		
OF INJURY	m.	While at Not While Work At work				
	tify that I attended the	e deceased from New.	, 1950, to JON. 9			
alive on	TW. 0. 199 1, an	d that death occurred at	ADDRESS	causes and on the	e date stat	ted above. DATE SIGNED
23. BURIAL, CREM	MATION DATE THEREG	N/ /	10	OCATION (City, to	wn, or county) (State)
DATE REC'D BY	man 12	SIGNATURE	V24. EUNERAL DIRECTOR		any .	ADDRESS
REG.	LUCAL MIGISTRAS	111 8/2 1-		A . /	1/1/4	ADDITION X
1/11/	3/1 4.	w. Hearing	John he Wille	1 4010	nising	e much

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

0258

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.			
Baltimore MARYLAND	STATE Maryland Baltimore			
CITY (If outside corporate limits, write RURAL and OR give nearest town) ESSEX Life Life Life Life Life Life Life Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 21 Essex			
HOSPITAL OR				
HOSPITAL OR INSTITUTION OR STREET ADDRESS 418 Beck Avenue	ADDRESS 418 Beck Avenue			
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Y	(ear)		
THOMAS V.	MOHR DEATH January 26. 1951	19		
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify), Concell,	8. DATE OF BIRTH 9. AGE iast hirthday If under I year If under	24 hrs		
Male White (Specify) Single 10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business of	Dec 8 - 950 yrs. 12 Style Notice 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF V	**		
done during most of working life, even if retired) INDUSTRY	BUITO CITY COUNTRY?	TAHV		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
- Vernon Mohr	Pauline P Dodo			
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT			
(Yes, no, or unknown) (If yes, give war or dates of service)	Mr Varnon Mahr 418 Beck. Ave. Free			
	CERTIFICATION	K-MA		
	INTERVAL BET	WEEN		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND D			
Concenttal heart	di conco (Com umal con lama)			
Immediate cause (a) Congenitual neart (disease (Cor uneloculare)			
Antecedent cause(s)				
Diseases or conditions, if any, (b)				
giving rise to the above cause	(A)	10 mg v 0.0 0		
5 /2 atating the underlying cause last				
(c)				
H. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not				
related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY	7.7		
	Yes XX N	0		
21. EXTERNAL CAUSE WAS PRIMARY GOR CONTRIBUTING OF Office bidg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY) (STATE)			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?			
OF INJURY m. While at Not while work at work				
IN T WORL AL WORL				
22. I certify that I took charge of the remains described above, held an	Autopsy E, Inspection [], Inquiry [] thereon and from the evider	nce		
obtained by said Autopsy, Inspection or Inquiry, find that said de-	ceased died on the day stated above, and death in my opinion result	ted.		
from: natural causes 🔼, accident 🗌, suicide 🔲, homicide 🗀], undetermined [].			
SIGNATURE (Degree or titie)	ADDRESS DATE SIGN	ED		
MCC LO NO TO	00 F2 1 G1 F 7 1 1			
178 rsher M.D. 70	00 Fleet St., Baltimore 2, Md. Jan. 26,195			
REMOVAL (Specify)	ERY OR CREMATORY LOCATION (City, town, or county) (State	6)		
Burial 1/27-151 LION. LUT	h-cen BAITO nd			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR ADDRESS			
January 27-1951 R.W.	Lassale French Home 7401 Belair Rd 1	ud		
2-0-1-18-0-30-2-40-5				

MARGIN RESERVED FOR BINDING

VS. A15

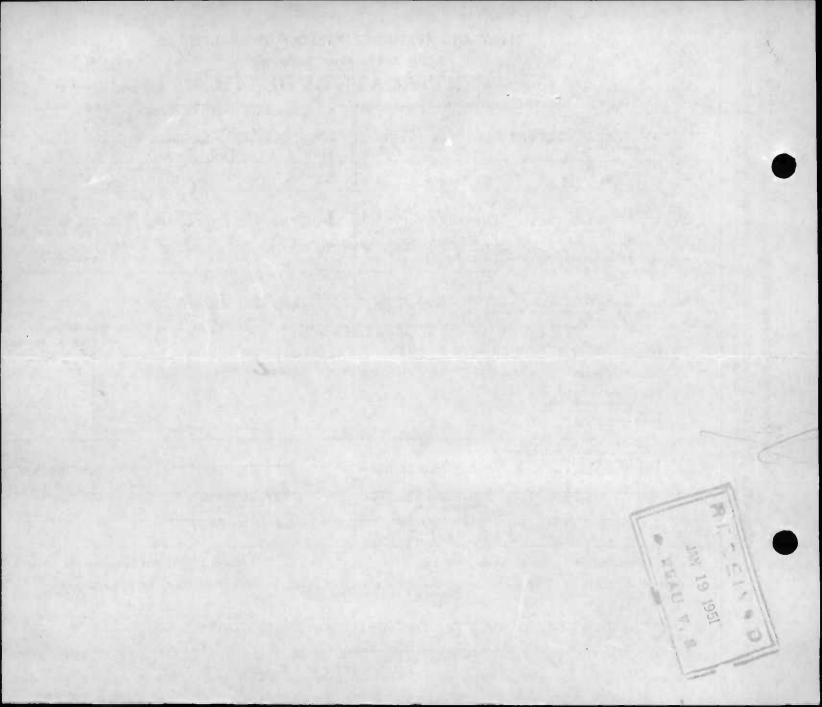
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(1259) Reg. Dist. No. 38

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	Maryland Jarkuille	3
OR give nearest town (in this place)	OR CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN Dall Move	TOWN Dalinore	
HOSPITAL OR INSTITUTION OR MAIN TO THE PROPERTY OF THE PROPERT	STREET (If rural, give location)	
STREET ADDRESS 7802 OAK AUGNUE	ADDRESS 7802 OAK Avenue	
3. NAME OF (First) (Middle)		===
DROPLOWD A	OF	AI)
(Type or Print) Mary EMMa Jane Monla		S
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 Months Days Hours N	hra.
Temale while symbolism	May 29-1867 83 yrs. Months Days Hours	Ain.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIHTHPLACE (State or foreign country) 12. CITIZEN OF WE	HAT
done during most of working life, even if retired) INDUSTRY	Baltimore Co Md. COUNTERY. a	
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	
P1:11: D- R- 1	M D TILL	
Inilip De Daugh	Mary 1. Traherly	
15. Was Decrased Ever In U.S. Armed Forces? 16/ Social Security No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
service)	Mr. WM MONTGOMERY-7802 Oak Au	e
18. MEDICAL CE		_
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE	
	ONSET AND DEA	ATH
Immediate cause (a) licute cardi	re Forture 2 days	7
Immediate cause (a)		
Antecedent cause(s)	O.T. AP	
Diseases or conditions, if any, (b) Wibnie Mily	ovarditis with general-	
13d giving rise to the above cause stating the underlying cause last		
scating the underlying cause last	susion + arteriosclorosis	
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
none	Yes 7 No	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)	-
SUICIDE OF office bldg., etc.)	(Cara data to the to th	
HOMICIDE	: WANT DID INTERN ACCURA	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR!	
INJURY none m. Work At work		
6/20	28 12.11 =1	
22. I hereby certify that I attended the deceased from JAO	, 19 , to \\u00e4\u00e4\u00e4\u00e4, that I last saw the decease	be
alive on Jane. 16 195/ and that death occurred at	1P ()	
alive on 1931, and that death occurred at.	7. From the causes and on the date stated above.	
SIGNATURE: (Degree or title)	ADDRESS DATE SIGNE	D
a. M. Bacon, M.D. 2	810 Taylor (w. Jan. 16/5)	(
23. RURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)	
Durial 1/19/51 Moreland	Yark Balto Md.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
REG. //// 151 0 W 1329	L. J. Kuck S305 Harton Rd	
1101 1 11 11 10 con	The start of the start of the	1



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

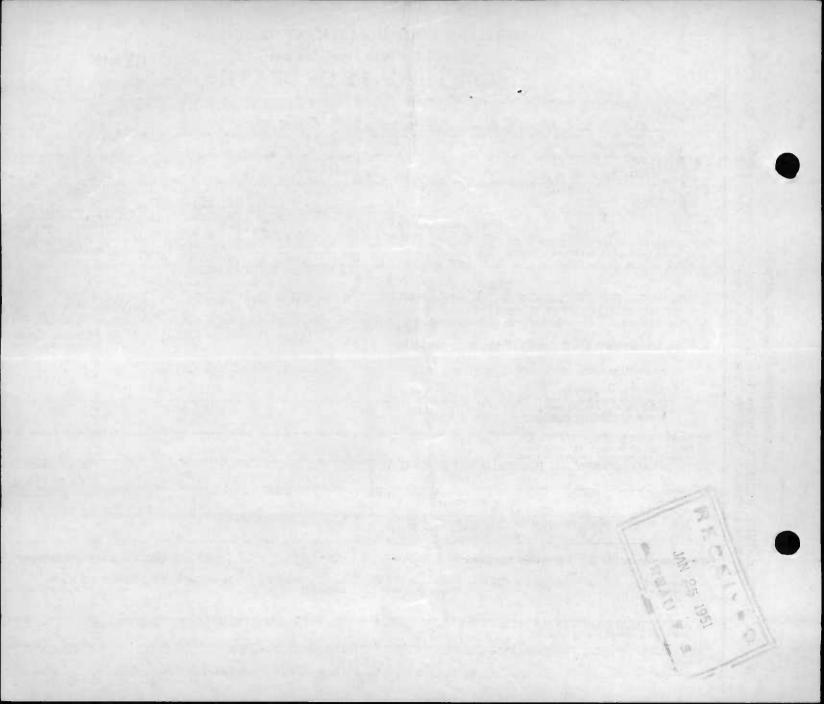
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0260

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY BALTIMORE MARYLAND	STATE BRY BY COUNTY BRITS
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) TOWN (in this place)	TOWN DUNDALK
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS 1905 WILLOW SPRING R	ADDRESS 1905 Willow SPRING KO.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) MAY	REAN DEATH JAN. 20 1957
5. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs.
WIDOWED, DIVORCED, (Specify) (Specify) (Specify)	Avc. 71. 1881 69 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kied of work 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	COUNTRY?
HOUSEWIFE HOME	COLUMBIA S.C. U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HERON	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	W. BOYD COOK 1905 WILLOW SARD
18. MEDICAL CE	
	INTERVAL BOTWEEN ONEDT AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONBET AND DEATH
o Monay	Celusion 48 km
Immediate cause (a)	A second
Antecedent cause(s)	1 // 1 / 1 / 2 2 2 / 1
Diseases or conditions, if any, (b)	arau ascular
2 giving rise to the above cause	1
93 d giving rise to the above cause stating the underlying cause last	1011
93 of giving rise to the above cause stating the underlying cause last (c)	1043.
93 d giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	10 49.
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	1049.
93 d giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	10 LJ
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)	Yes 🗆 No 🗎
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) While at Not While	Yes 🗆 No 🗎
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR TOWN) (COUNTY) (STATE)
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	(CITY OR TOWN) (COUNTY) (STATE)
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	(CITY OR TOWN) (COUNTY) (STATE)
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OF I	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19.4-9, to 19.1., that I last saw the deceased
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from work alive on the strength of the deceased from the strength of the strength of the strength of the decease of the strength of th	HOW DID INJURY OCCUR? 19 79, to 19 70, 19 1, that I last saw the deceased
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OF I	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19.4-9, to 19.1., that I last saw the deceased
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from work alive on the strength of the deceased from the strength of the strength of the strength of the decease of the strength of th	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19 79, to 2007, 19 1, that I last saw the deceased m from the causes and on the date stated above. ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) 1	HOW DID INJURY OCCUR? 19 79, to 19 70, 19 1, that I last saw the deceased
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY 22. I hereby certify that I attended the deceased from Material Richard	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19 79, to 2007, 19 1, that I last saw the deceased m from the causes and on the date stated above. ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OF At work 22. I hereby certify that I attended the deceased from work at work alive on Attach occurred at the strength of the	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? The form the causes and on the date stated above. ADDRESS ADDRESS ADDRESS PATE SIGNED RY OR CREMATORY LOCATION (City, town, or county) (State)
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While work At work 22. I hereby certify that I attended the deceased from Att work At work 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE REG.	(CITY OR TOWN) (COUNTY) (COUNTY) (STATE) HOW DID INJURY OCCUR? (STATE) HOW DID INJURY OCCUR? (STATE) HOW DID INJURY OCCUR? (STATE) ADDRESS DATE SIGNED ADDRESS (State) 24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OF At work 22. I hereby certify that I attended the deceased from work at work alive on Attach occurred at the strength of the	(CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? HOW DID INJURY OCCUR? The property of the causes and on the date stated above. ADDRESS DATE SIGNED RY OR CREMATORY LOCATION (City, town, or county) (State)



CERTIFICATE OF DEATH

	PARIMENT OF HEALTH	
	Street, Baltimore	1/3
GERTIFICAT	TE OF DEATH Reg. Dist. No.	, 7-2
COUNTY Balto Co, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY	x Balt
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give Regrest town)	CITY (If outside corporate limits, write RURAL and give OR	ve nearest town)
HOSPITAL OR	STREET (If pural, give location)	
INSTITUTION OR STREET ADDRESS BOX 467 Phila. Rd	ADDRESS Box 467 Phila, Re	d,
3. NAME OF (First) (Middle) DECEASED (Type or Print) Lawrence	(Last) 4. DATE (Month) OF DEATH 2	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last bighday If under	1 year If under 24 hrs.
Mala White WIDOWRD, DIVORCED, (Specify) Ling 4.	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Dal o Ma.	COUNTRY?
13. FATHER'S NAME Manits King.	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	H. HIFORMANT AND ADDRESS	D
(Yes, no, or unlatown) (If year, give war or dates of service)	Kuthony Mavitskis 467 Phila	r.Ra.
18. MEDICAL CE	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	continu	ONSET AND DEATH
Immediate cause (a)	Become -	13/4/11
1/4 X Antecedent cause(s)	2. Proud Danta	7118
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	sica of the	- Juns.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		**************************************
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from	, 1957, to /- Z , 1957, that I last s	aw the deceased
alive on, 19.57, and that death occurred at		
SIGNATURE (Degree or title)	ADDRESS ADDRESS	DATE SIGNED
tofford for tuason,	no, fork me.	1/2/5/
23. DERIAL (REMATION DATE NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	(State)
DATE RECO BY LOCAL REGISTRAR'S SIGNATURE	24. PINERAL DIRECTOR	/ ADDDESS
REG. 3-80 Helicheduck	1 1 100 hour 1219 At Tank	The second
7-1-1-26-5-24 3-21 4 Am 4	// 1000	7

MARGIN RESERVED FOR BINDING

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give negrest town) (In this place)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSPITAL OR	TOWN DUNDACK	
INSTITUTION OR STREET ADDRESS 16 16 LYNCH 120	STREET ADDRESS 16 16 (If ru al give location)	Ro
3. NAME OF DECEASED (First) (Middle) (Type or Print) GEORGE WILLET A	(Last) 4. DATE (Month) OF DEATH	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under	year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry 10c. Kind of Business or Ind	11. BIRTHI LACE (State or foreign country) 12.	COUNTRY? C
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	MINNIE HIBLE	
(Yes, no, or unknown) (If yes, give war or dates of service)	MRS. ALMA NELSON 161	CLUNCH RO
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	•	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) (Olorrary	Occusion	
H20, / Antecedent cause(s) Diseases or conditions, if any, (b) Hypertures	y Cardio-Vascular	(
93d giving rise to the above cause stating the underlying cause last		12-34
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	in the last of the	20. AUTOPSY?
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, OF Office bldg. stc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year Upur INJUR OCCURRED OF While at Not while INJURY	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A	Autopsy . Inspection . Inquiry thereon and	from the evidence
obtained by said Autopsy, Exspection or Inquiry, find that said dece	ased died on the dry stated above, and death in my	opinion resulted
SISNATURE ((Degree or title)	ADDRESS	DATE SIGNED
1011 down ma. Nys med. Ex	ay - Dundark. xx md	1/8/51
REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or count	y) / (State)
DATE REC'D BY LOCAL HEGISTBAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS
1/8/5/1 U. W. Freelich	ULLRICH FUNERAL HOM	E

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0263

CERTIFICATE OF DEATH

I. PLACE OF DEATHOR TEMPO	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	5 Pu
COUNTY Del man and MARYLAND	STATE maryland COUNTY	balla.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside forporate limits, write RURAL and give	nearest town)
OR give nearest town) TOWN (in this place)	TOWN Idgement	4
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR	ADDRESS O	
STREET ADDRESS 2811 Will man and	" Dell Nat May	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) John (Taymand	nevedale DEATH fan	19.5
5. SEX VS. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 3	ear If under 24 hr
WIDÓWED, DIVORCED, (Specify)		Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Co	UNTEY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
IS. FATHER'S NAME	14. MODIEN'S MAIDEN NAME	
Joseph newdall	margares onyals	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yes, no, or unknown) (11 yes, give war or dates of	17. INFORMANT	2811
service)	Joseph nevedale	Del lucas a
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTED LEADING TO DEATH		ONSEL AND DEATH
in hollier	ra.	4 down
Immediate cause (a)		
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
198. DATE OF OPERATION 136. MAJOR PRODUCTS OF OFERENCE.		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
	<u>' </u>	
22. I hereby certify that I attended the deceased from	16 19 5/ to Jon 18, 19 5 ! that I last say	the deceased
A HOLED'S CEINIS THAT I ADDENGED THE GOODS TOTAL	A	
alive on 15 19 5, and that death occurred at	A.m., from the causes and on the date stat	ed above.
SIGNATURIO (Degree or title)	ADDRESS	DATE SIGNED
	530 AVE Salle 15	2.1015
Comment,	000 001, april 1)	1 19.01
	ERY OR CREMATORY LOCATION (City, town, or county)	(State)
D REMOVAL (Specify) San 20 1851 Sacured H	east of mary Rollo. Con	nts
DATE REC'D BY/LOCAL (REGISTRAR'S SIGNATUR)	24 FUNERAL DIRECTOR	ADDRESS
REG. 19	John 2. Melses up 1. Che.	Tou 14
111/JI T.W. Hauch	your way 7 Tolor Char	127 0'
	MF .	Balto u
		140 15. "

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull. Free

rrect age

9-13-13 M

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

- 6	8	27	4	ъ	4
- (1	7	1	18
		Plan	7	5	100

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	W. A. /sattemore
City or town	State County County
How long In above place of death? 28 473	(if outside city or town) finits, write RURAL and give nearest town)
Hospital, Institution, or street address where teath occurred:	Street No. 3017. Genua Chul
3017 Kenney Cvaniarire	(If rural, give LOCATION)
How tong In hospital or institution	2.(a) If veteran, name war
3. (a) FULL NAME Margaret L. Bo	3. (b) Social Security Number
4. Sex 5. Color or rage 6. (d) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
fluale white morned	2D. DAYE DF DEATH AM 19.5 1, at 11 5 m
6.(b) Name of husband or wife Slewgl .	21. I CERTIFY that south occurred on the date above stated; that I attended deceased from
7. Birth date of years	and that t last saw h
deceased (mo., day, yr.) / Lay /. /8 8 3.	Immediate ance of death
8. AGE: Years Months Bays If less than one day	Houte Cardine Failer I da
9. Birthplace deglicusone, Mid.	Due to. D
(Town, county, and state)	Cardis Varion Const
10. Usual occupation.	Due to
11. Industry or business of at home	
12. Name Moneral Carey 13. Birthplace Selected (Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name Mary. Gold 15. Birthplace Gallacid -	1310
5 15 Birthalace	Major findings of operations
M. Cho It thansal	
16. Informan	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 30 / Securphit. I dem my Ma	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burini, eremation, or removal Which?) Daie thereof (month) (days year)	Accident, suicide, or homicide
Cemetery or crematory ou don Casa Com	Where did injury occur?
Location 310 Million Cliff	Injured at home, farm, Tadustry, public place (where?)
18. Funeral director. Alm Kowawoow	Means of Infinity Infinited at work!
Address 99/ Apillous Street	23. SIGNATURE TOUGH & Lauflaits W.D.
19. Mal 1-12 195 CW. Hedred	Addres / 679 Naghuska Lathe signed / 12 J. S.

CERTIFICATE OF DEATH

2	The correct age
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and legibly.
)	PLEASE WRITE PLAINLY, WITH UI is especially important.

	FOR MEDICAL	L EXAMINERS	F	Reg. Dist. N	V Y
I. PLACE OF DEATH-		2. USUAL RESIDENCE (HOME) OF DEC		
Baltimore	MARYLAND	Marv]	and	COUNTY	
CITY (If outside corporate limits, write RI	JRAL and LENGTH OF STAY	CITY (If outside corpor	ate limits, write R	URAL and giv	e nearest town)
TOWN Fort Howard	(in this place)	Town Balti	more 15		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hos	p.,Ft.Howard,Md.	STREET ADDRESS 2650	Oswego Av	ive location) enue	V
3. NAME OF (First)	(Middle)	(Last)	4. DATE	(Month)	(Day) (Year)
DECEASED (Type or Print) JOHN	C.	O'NEILL. JR.	OF DEATH	January	-4-
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birth	day If under	I year Ill under 24 bre
Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	12-11-90	60	yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wo	rk 10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)		CITIZEN OF WHAT
done during most of working life, even if retired Standard 011	INDUSTRY .	Baltimore, Ma	rvland		COUNTRY? USA
13. FATHER'S NAME	· remed	14. MOTHER'S MAIDEN	NAME		ODGS
John C. O'Neill, Sr.		Katherine Tri	ink		
15. WAS DECEASED EVER IN U.S. ARMED FORCE		17. INFORMANT			
(Yes, so, grunknown) (If yes, give war or dat	Unknown 20-07-1751	Clin.Rec., Vet	.Adm.Hosp	. Ft. How	ard, Md.
	18. MEDICAL CE				
1. DISEASES OR CONDITIONS DIRECTL	Y LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATE
	CORONARY ARTERIOSCI	שמשתשם פשתשטם			Unknown
					Olikho Mil
Antecedent cause(s)	OLD & RECENT MYOCAR	WIAL INFARCTION	, DUE TO .	ABOVE.	
Diseases or conditions, if any, (b)	** * * * * * * * * * * * * * * * * * *		**************************************	1900 - a - a a de a a a a a a a a a a a a a a a a	ed 60 to 60° gg g in poin panaspana panaspa s t
940 giving rise to the above cause stating the underlying cause last					
(c)					
II. OTHER SIGNIFICANT CONDITIONS					1
Conditions contributing to the death but no related to the disease or condition causing di					
19a. DATE OF OPERATION 19b. MAJOR			****		20. AUTOPSY?
					Yes No 🗆
21. EXTERNAL CAUSE WAS	LACE (Home, farm, factory, street,	(CITY OR	TOWN)	(COUNTY)	(STATE)
PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH.	F office bldg., etc.)				
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?		
INJURY m.	While at Not while work at work				
co I will that I take the addition			1 F 1		
22. I certify that I took charge of the re- obtained by said Autopsy, Inspection	nains described above, held an A	utopsy , Inspection	J, Inquiry	thereon and	from the evidence
from: natural causes , accident	. suicide . homicide	undetermined.	sa aoste, ana a	ruch in my	opinion resuited
SIGNATURE	(Degree or title)	ADDRESS		1	DATE SIGNED
1/1/2/2/11/10	ms Allen Me	16	111 8 111	1 12 /h	1/2/1-
1010000000	- In Judia Line	. yalli- a)	maan	C. 07 17-7	1 1/4 /
23. BURIAL, CREMATION VOATE THEM REMOVAL (Specify) BURIAL	e 111		LOCATION (City,		
	New Cathedra		Baltimore	Maryla	nd
DATE REC'D BY LOCAL REGISTRAR REG. 2	'S/SIGNATURE	24. FUNERAL DIRECTO		Mr. March	ADDRESS
1		Stewart & Mowe			
	Land Control of the C	1/1	ILL Bal	timore,	Maryland
		V	11776		

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0265

I. PLACE OF DEATH-	Baltimore	MARWANA	2. USUAL RESI			EASED. COUNT	Y	
		MARYLAND		Maryla				
OR give nearest to	porate limite, write RURA wal Fort Howard	LENGTH OF STAY (in this place) Oays	II OR	Baltim	e limits, write R	URAL and gi	ve nearest	town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Vet.Adm.Hosp	.,Ft.Howard,Md.	STREET ADDRESS	117 W.	(If rural, g 22nd Sta	reet		
3. NAME OF	(First)	(Middle)	(Last)		4. DATE	(Month)	(D)	(1/ -
DECEASED (Type or Print)	ANDREW	L.	PAGE		OF DEATH	January	(Day) 21	(Year) 19 51
Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8-23-90		- AGE last hirth	day If under Months	1 year If Days H	under 24 hrs.
10a. USUAL OCCUPAT	FION (Give kind of work king life, evon if retired)	10b. KIND OF BUSINESS OR INDUSTRY STOPE	Baltimo	CE (State or	foreign country)	1:	2. CITIZEN COUNTRY?	OF WHAT
13. FATHER'S NAME		PEDI. GIORG	14. MOTHER'S			'		ODA
Charles Pag		1	Lavinia					
LE WAS DIMINAGED FUE	D IN IT C ADVED FORCES	1 16. SOCIAL SECURITY NO.	17. INFORMAN	Bucle.	pranage.			
(Yes, no, or unknown)	If yes, give war or dates o	f	Olin Do	AND	Adm TTO CO	TO A TTO		
Yes is	ervice) WW T	UDKOOWO		0.9400	.Adm.Hosp	One Dage	wara,	wa.
	,	18. MEDICAL CE	RTIFICATION					
I. DISEASES OR CON	DITIONS DIRECTLY							L BETWEEN
142x Immediate	cause (a)	UREMIA		m······ •······	***************************************		UNKI	NOWN
Antecedent Diseases or cogiving rise to	nditions, if any, (b) the above cause derlying cause last	ARTERIOSCIEROTIC (CARDIOVASC	ULAR-RI	ENAL DISE	CASE	UNKI	VOWIN
11. OTHER SIGNIFIC Conditions contribut	(c) ANT CONDITIONS ng to the death hut not or condition causing deat	h.						
		INDINGS OF OPERATION					L 20 ATT	TOPSY?
							100	W
21. ACCIDENT	(Specify) PLAC	CE (Home, farm, factory, street,	: (0	ITY OR TO	MINI	(COUNTY)	Yes	The state of the s
SUICIDE HOMICIDE	OF	office bldg., etc.) RY	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			(COUNTY)	(51	ATE)
TIME (Month) (OF INJURY	Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID IN.	JURY OCC	UR?			
SIGNATURE 7	EMAN. M. D. P.	d that death occurred at (Degree or title) ACTING CHIEF MEDITED NAME OF CEMETER Baltimore N	9:00P.m., i ADDRESS ICAL SERVI RY OR CREMAT ational	CES VI	H. FORT CATION (City, Baltimon	HOWARD town, or counce, Mary	MD. I	ve. SIGNED 22-51 (State)
	1 Va. 7	- cree	Mrs. Kat	Te K.		322 N.	-	
		1 Cont		780	646 ST	., Balt	ımore	, Md.

CERTIFICATE OF DEATH

690336

FOR MEDICAL	L EXAMINERS Reg. Dist. No.	· 4/
I. PLACE OF DEATH Turners Station COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Turners Station (In this place) HOSPITAŁ OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED-STATE Maryland Balt CITY (If outside corporate limits, write RURAL and give TOWN Turners Station, Balt STREET (If rural give location)	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Linwood	Palmer DEATH Jan.	24 51
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) MATTIED	Sept. 25, 1898 52 yrs. If under Months	year If under 24 hr Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUSINESS OR	Halifax, Halifax Eo. Val	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Hack Palmer	Lilfaimie Palmer	nucionano ins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no, or unknown) (If yes, give war or dates of 216-10-3179	Nellie A. Palmer(wife)620	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	of Right King	34,
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
DATE OF OFERATION		
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY One CONTRIBUTION of the bldg., etc.)	(CITY OR TOWN) (COUNTY)	Yes No () (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY work at work	HOW DID INJURY OCCUR?	
DATE REC'D BY LOCAL KEGISTRAR'S SIGNATURE	nased died on the day stated above, and death in my undetermined ADDRESS HAULE Millidalk. V Mer	DATE SIGNED
REG. 1/26/57 6 W. Hebrich	Charles K Jan - 802 ma	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7 4 79

COUNTY DATE	STATE OF COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	E Destroct town
OR give pearest town) 'RANDAUSTWA (in this place). TOWN RANDAUSTWA	OR TOWN RURAL - RANDALLSTON	1.01
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR OFFUTT Rd.	ADDRESS OFFUTT Rd.	
3. NAME OF (First) (Middle) DECEASED	DAGO (C) 4. DATE (Month)	(Day) (Year)
(Type or Print) NARREN WILLIAM	NICIS 77 DEATH	6 195/
5. SEX MALE 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) (Specify)	S. DATE OF BIRTH SEPT. 10, 1891 9. AGE last birthday If under Months yra.	Days If under 24 hrs. Hours Min.
done during most of working life, even if retired is industry. ELECTIK Co		CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	2.3.4:
WARREN WILLIAM PARRISH	AGNES BRYAN	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS OF	FUTT Rd.
service) (11 yes, give war of dates of 2/2-05-3979	WIFE-MRS. ELIZABETH PARRISH- R	ANDALLSTOWNIN
18. MEDICAL CE	ERTIFICATION	Inches December 1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) CARCENOMA O	E LUNE	13 MONTHS.
Immediate cause (a)	.1	1-2-1-18. M. 11. 2:
Antecedent cause(s)		
Diseases or conditions, if any, (b)		0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
16 FEB. 1950 CARCENOMA OF LUN	R	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(00011)	(SIRIE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from DEC.	140 . //651	
alive on, 1957, and that death occurred at	ADDRESS	ted above.
Edura & Pierpont MO.	TY LIBERTY DA. DALTAR MI.	16/01
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	CRY OR CREMATORY LOCATION (City, town, or count	y) (State)
REMOVAL (Specify) 1/9/51 Mt. Olive		
DATE REC'D' BY LOCAL REGISTRAR'S SIGNATURE	24) FUNERAL DIRECTOR	ADDRESS
REG. 1/8/0 a. W. Bedust	12/m. T. Vickner & Sture -	(Sall).
- 1/0/3/		MA
17	640588	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(1269) Reg. Dist. No...3.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY BALTIMORE CO MARYLAND	STATE MARYLAND COUNTY BALTO
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN CATALIS (1/1 E	TOWN CATONS VILLE
HOSPITAL OR HADY NOOK NORSING HOME INSTITUTION OR HADY NOOK NORSING HOME	STREET (If rural give location)
STREET ADDRESS SANDY NOK + FREDERICK AVES	ADDRESS 42/ OVERBACOOK ROAD
3. NAME OF (First) (Middle)	(Last) 4. DATE (Montb) (Day) (Year)
(Type or Print) EMMA QUCINDA PATT	DEATH AN 3/ 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
FEMALE WHITE WIDOWED, DIVORCED, (Specify) WIDOWED	OCT. 28 1876 74 yrs. Months Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10h, KIND OF BUSINESS OR	II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life even if retired) INDUSTRY OWN HOUSE	WASHINGTON, DC COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM HENRY KEILHOLTZ	EMMA HEROLDT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, or unknown) (If year, give war or dates of service)	MALTER I. PATTEN JR.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	· All a l · Onom and Durin
193 x Immediate cause (a) Unaplastic Case	cinoma of the Cauda Iguna Popera Smas.
Antecedent cause(s)	
54 /r	·
Diseases or conditions, if any, (h) giving rise to the above cause	
stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	Twenty wie CVD
19 DATE OF OPERATION 19b MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dec. 8. 1950 I moosive lumos of	Canda eguna Yes \ No EX
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CATY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) IIOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
1.17 8	0 1/51 5/
22. I hereby certify that I attended the deceased from	, 1900, to, 1900, that I last saw the deceased
./21	9 40
/SIGNATURE / (Degree or title)	ADDRESS DATE SIGNED
H. III L. B. MD. 53056	+ Di Butt -27 md 3/1/c
venery of veneras, "" "	24 Dung 2012 11/3/
23. BURIAL CREMATION DATE REMOVAL (Specify)	RY OR ORDMATORY LOCATION (City, town, or county) (State)
punch feb / West Note	my pair coura nea
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24 FUNERAL DIRECTOR . ADDRESS
2-1-51 / G. Marry	1 1. C. Myson vieny our rug



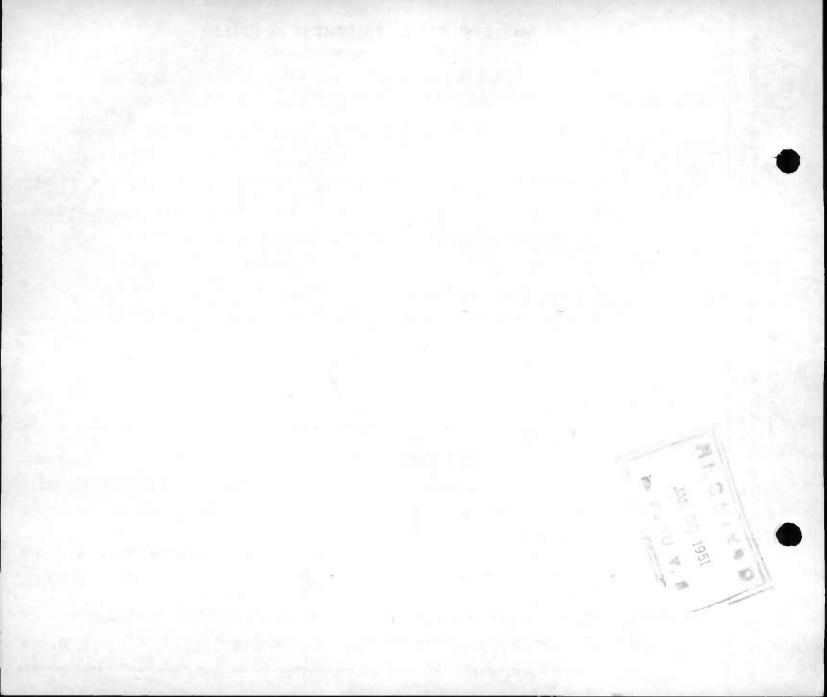
VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEAT COUNTY	H. Baltimore	Ма	RYLAND	II CUTATED .	dence (Ho	ome) of dece	ASED. COUNTY	Baltin	nore
CITY (If outside of OR give neares	corporate limits, write R	TIDAT and I TUNK	this place)		side corporate	e limits, write RU terstown	ATACHTA WITH ETA	e nearest town	a)
HOSPITAL OR INSTITUTION O STREET ADDRE	OR Hanou	er Koad		STREET ADDRESS	Hanor	ver Road	s location)		
3. NAME OF	(First)	(Middle	9)	(Last)	1	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	William	Emory	P	eregoy		OF DEATH	Jan	24	1951
5. SEX	6. COLOR OR RAC		ARRIED, DIVORCED, ETTTEO,	B. DATE OF BI		9. AGE last birth 78 yrs	Months	I year If und Days Hours	er 24 hrs. Min.
done during most of Retired	PATION (Give kind of w working life, even if retire Carpenter	ork 10b. Kind of INDUSTRY CONSTRUC	Business or	Maryl Maryl	_	foreign country)	12	COUNTRY?	WHAT
13. FATHER'S NAM	ME			14. MOTHER'S					-
Ben	ijamin Pere	goy		•	ter Bu	11			
15. WAS DECEASED F	EVER IN U.S. ARMED FOR	CES? 16. SOCIAL S	SECURITY No.	17. INFORMAN					
No) (If yes, give war or da	212-18	-5738	Raymond	Perego	oy Reist	erstow	n Md	
		11	8. MEDICAL CE	RTIFICATION				INTERVAL B	
120. Immedia	ate cause ent cause(s) conditions, if any, (b)	Coronar		sion			•••••••••••••••••••••••••••••••••••••••	ONSET AND	DEATH
14a giving rise stating the	to the above cause underlying cause last (c	Arteri	osclero	gjs	***************************************			5 у	ear
Conditions contrib	TCANT CONDITIONS outing to the death but n case or condition causing	ot Bran	chopneur	monia					
19a. DATE OF OPE	ERATION 19b. MAJO	R FINDINGS OF	OPERATION					20. AUTOR	SY?
								Yes 🗆	No 🗆
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm OF office bldg., et NJURY	, factory, street, c.)	(0	CITY OR TO)WN)	(COUNTY)	(STAT	E)
TIME (Month) OF INJURY			URRED Not While At work	HOW DID IN	JURY OCC	UR?			
	tify that I attended			_					
SIGNATURE	e Janda	. M.D	, among	Leint	into	m. Md	.)	- 26	195
REMOVAL Spe	eify) Jan 27	1951 Rei	stersto	wn Meth	Cem. H	CATION (City, Caty)		Md	tate)
DATE REC'D BY REG. 1-26		R'S SIGNATURE,	W.	VM Berry			isters	town M	
						5-10	240	5	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

	CERTIFICAT	E OF DEAT	H Reg. I	Olst. No
1. PLACE OF DEATH- COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE STATE Marylar	(HOME) OF DECEASED	COUNTY
CITY (If outside corporate limits, write RUR. OR give nearest town) Rockdale		OR ROCKda	mte limite, write RURAL e - rural E	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3628 Milfo	rd Mill Rd.	STREET ADDRESS 3628	(If rural, give loc Milford Mi	etion) 111 Rã
(1) pc 01 11110/	(Middle) EIFFER	(Last)	4. DATE (Mor OF DEATH 1/25	5/51 19
6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WILLOW	July, 14, 1868	82 yrs.	If under I year If under 24 hrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. Kind of Business or Industry a. I. nome	Baltimore.	Md.	12. CITIZEN OF WHAT COUNTRY?
? Kroll		unknown:		Rd.
15. WAS DECRASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of the control of	? 16. SOCIAL SECURITY No.	Mrs. C.W. Sh		Milford Mill
I. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	ERTIFICATION		INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a)	artenorchos	ine C.V. desa	<u></u>	1040
422./ Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	h			
19a. DATE OF OPERATION 19b. MAJOR 1	FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT (Specify) PLA OF HOMICIDE INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR	TOWN) (Co	OUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
22. I hereby certify that I attended the alive on 25, 19.17, and SIGNATURY	d that death occurred at (Degree or title)	ADDRESS	e causes and on the	date stated above. DATE SIGNED //26/J7
23. BURIAL, CREMATION DATE THERE REMOVAL (Specify) 1/27/5	l Baltimore		Baltimore,	Md
DATE REC'D BY LOCAL REGISTRAR'S REG. 21. 1951 R. W.	SIGNATURE	BALTO MD	SONS, IN	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

age

The correct

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

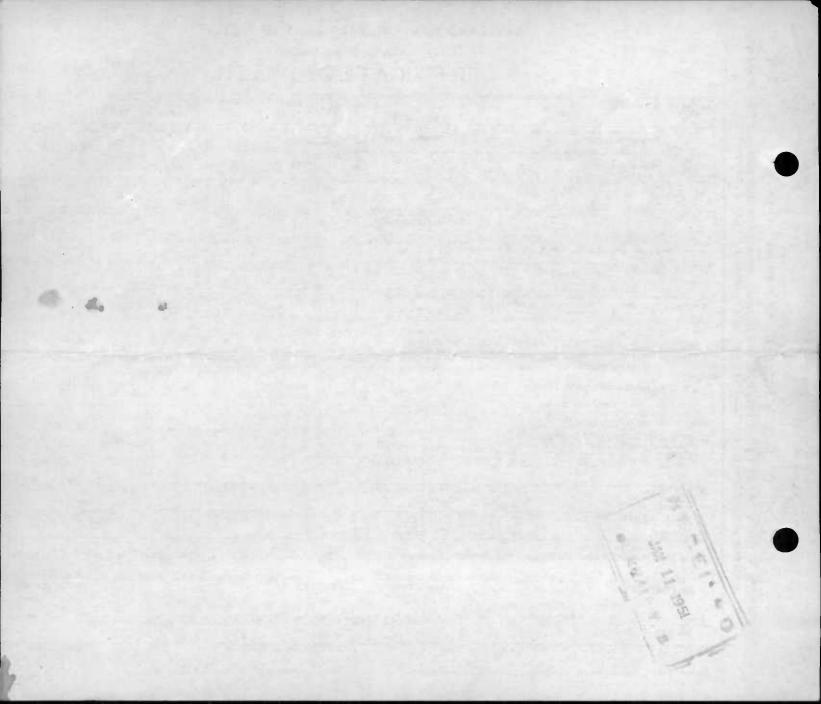
VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Baltimore MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED Balt \$940 TV			
CITY (If nutside enrorate limits, write RURAL and OR give nearest town) TOWN (WINES MILLS			Town Pleasan	t Hill, Cwi		
HOSPITAL OR INSTITUTION OR STREET ADDRES	Reistersto			(II rural, give lo erstown, Ro	ad	
3. NAME OF DECEASED (Type or Print)	(First) Amelia	2002 220	ierce	OF Jan	13	
5. SEX Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 1 UV CEP,	May 27 1891	59 yrs.	If under 1 year If under 24 hrs. Mnnths. Days Hours Min.	
done during most of w	ATION (Give kind of work prking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Baltimore C	ity	12. CITIZEN OF WHAT	
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	_		
Villiam I	F. Burns		Clara Gren	*	*	
(Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No. 218-18-9501	John T. Piero	e, Luthervi	lle,Md.	
					INTERVAL BETWEEN ONSET AND DEATH	
Immediate	cause (a)	Carro		= / nu	77	
174 X Anteceden						
UN giving rise to	conditions, if any, (b) the above cause nderlying cause last			Accessars w <i>on worsen to composition commen</i>		
related to the diseas	ting to the death but not se or condition causing deat	h. Cachex	in.			
19a. DATE OF OPE	RATION 196. MAJOR I	INDINGS OF OPERATION			20. AUTOPSY?	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	rown) (C	OUNTY) (STATE)	
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
22. I hereby certify that I attended the deceased from / _ / _ , to / _ / _ , that I last saw the deceased						
alive on SIGNATURE	7-3 , 19 , an	d that death occurred at Degree or title)	ADDRESS from the	causes and on the	date stated above. DATE SIGNED	
anuel	- XINIA	M. h			1-8-51	
REMOVAL (Spec	ATION DATE Jan. 11,	1951 Druid Ric	dge 1	OCATION (City, town Pikesville,		
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO		ADDRESS	
REG. 1-9-5	1 Clary	13. ELINE.	J.F. Eline &	sons, Reiste	erstown, Md.	



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MARYLAND STATE DEPARTMENT OF HEALTH

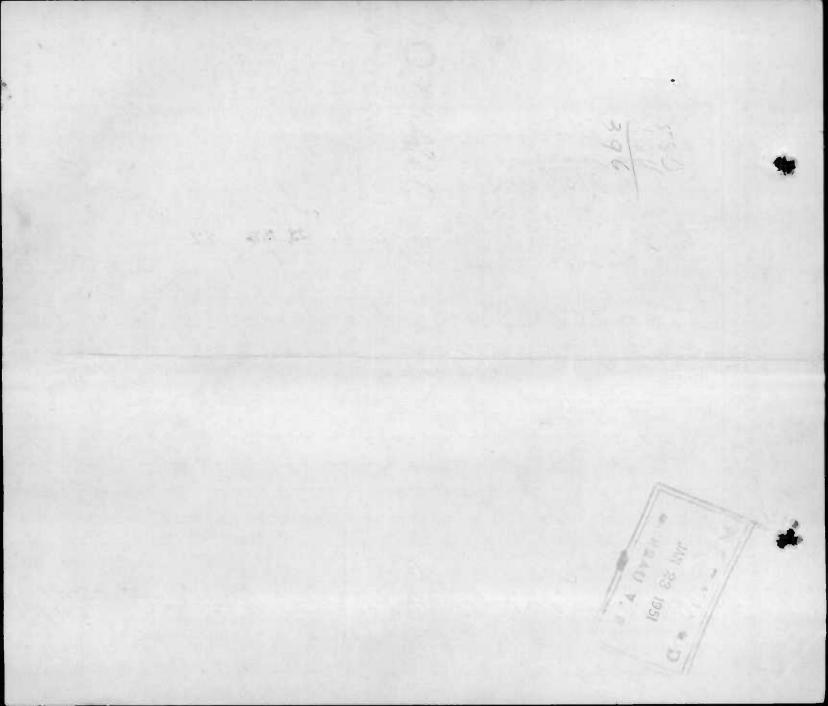
CERTIFICATE OF DEATH

MARY	LAND STATE DEP	ARTMENT OF H	EALTH			
	CERTIFICAT	E OF DEAT	CH			
	FOR MEDICAL			eg. Dist. No	41	
1. PLACE OF DEATH COUNTY Ballo:	MARYLAND	2. USUAL RESIDENCE	(HOME) OF DECE.	ASED. COUNTY		
CITY (If overde corporate limits, write RURAL OR: give tentest town) TOWN		CITY (If outside corpo OR TOWN	rate limits, write RU	RAL and give r	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2/3 Colgan	te and	STREET ADDRESS	(If rural, giv	e location)		
3. NAME OF DECEASED (Type or Print)	(Middle) Pe	anotti'	4. DATE OF DEATH	Jan :	20	S/-
- mal // mule,	SINGLE, MARRIED. WIDOWED, DIVORCE (Specify)	Doe 23, 1894	9. AGE last birthd	Months D	ays Hours	Min.
done during most forking life, even if retired) I	BUSIN SUEL CEU	Ma	or foreign country)		CITIZEN OF	WHAT
13. FATHER'S NAME	JK	14. MOTHER'S MAIDE	ONK.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 2/3-09-078/	BETHELEITM	STEEL	co. 5:	PS. Po1	NT.
I. DISEASES OR CONDITIONS DIRECTLY LE	18. MEDICAL CE	RTIFICATION		1	INTERVAL BE	DEATH
Immediate cause (a)	Omma er	n ran	lucion		Os.	4
Antecedent cause(s)					may .	,
Diseases or conditions, if any, (b)	10 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	***************************************		D	B+ G+ 00	quadrativati-0.00 t = *
II. OTHER SIGNIFICANT CONDITIONS						
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FIN	DINGS OF OPERATION				20. AUTOPS	SYI
					Yes 🗆	No A
21. EXTERNAL CAUSE WAS PRIMARY DOR CONTRIBUTING DF CAUSE OF DEATH.	(Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STATE	S) **
OF	JURY OCCURRED Thile at Not while Fork at work	HOW DID INJURY O	CCUR?			
22. I certify that I took charge of the remains	described above, held an A	utopsy [], Inspection [, Inquiry th	rereon and fro	om the evic	dence
obtained by said Autopsy, Inspection or It from: natural causes accident ,	suicide [], homicide [], (Degree or-ticle)	undetermined .	ea agove, ana aei	un in my op	DATE SIG	
The oring (n. 8)	Blooky	Drenkelh	face m	ch.	1/201	101
BURIAL, CREMATION DATE/THEREOF REMOVAL (Specify) 1/22/5/		RY OR CREMATORY	BALTINO			ate)
DATE REC'D BY LOCAL REGISTRAR'S SIG		24. FUNERAL DIRECT	OR R. ALD	100	ADDRESS	MI-
Jan, 01-175/1/2000	The state of the s	IVVUICE SERVE	me bullet wille	7 , 1 / 1/1/		18 63

MARGIN RESERVED FOR BINDING

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VS. A15A



CERTIFICATE OF DEATH

115A	36]	MARGIN RESERVED FOR BINDING	*	M
ASE WRITE P	LAINLY, WITH I	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ago is especially important. Physicians: please write the causes of death clearly and legibly.	mation carefully.	The correct ag

F	OR MEDICAL	EXAMINERS		Reg. Dist. N	0. 30	*
1. PLACE OF DEATH- COUNTY Ballo	MARYLAND	2. USUAL RESIDENCE (I	HOME) OF DEC	CEASED. COUNT	Bel	4
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN	(in this place)	CITY (If outside corpor OR TOWN	ate limits, write	RURAL and gi	ve nearest tov	vn)
HOSPITAL OR INSTITUTION OR STREET ADDRESS /27 Oakda	le Rd	STREET ADDRESS /2-7	(If ru's)	dale	Rd	
(Type or Print) Charles Lear	Middle)	fluare.	4. DATE OF DEATH	(Month)	(Day) 2-3	(Year) 19J7
m WIDO' (Spec	WED, DIVORCED,	8. DATE OF BIRTH 5. 26-77	9. AGE last bir	hday H under Months	Days Hou	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if whired) 13. FATHER'S NAME	IND OF BUSINESS OR	11. BIRTHPLACE (State of	el) 1:	COUNTRET	F WHAT
Shristia Poehly	caum 1	14. MOTHER'S MAIDEN	NAME Se	sset	7	
15. Was DECEASED EVER IN U.S. ARMED FORCES? 16. So (Yes, no, or unknown) (If yes, give war or dates of 2/2	-07 1903	Mrs agus /	amier	1270	shda	les
I. DISEASES OR CONDITIONS DIRECTLY LEADIN	fs. MEDICAL CE G TO DEATH				INTERVAL I	
Immediate cause (a)	to Carde	rascular de	•	**** -*** ****************************		and depth and a constant
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Cardes	Torcida de	210-4-	**************************************	x0 00 00 00 00000000000000000000000	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION 19b. MAJOR FINDING	S OF OPERATION				20. AUTO	PSY1
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office b CAUSE OF DEATH.	e, farm, factory, street, idg., etc.)	(CITY OR	rown)	(COUNTY)	(STAT	re)
TIME (Month) (Day) (Year) (Hour) INJURY OF While at INJURY m. work	OCCURRED Not while at work	HOW DID INJURY OC	CUR?			
22. I certify that I took charge of the remains described by said Autopsy, Inspection or Inquirfrom: natural causes accident, suicides SIGNATURE	y, find that said dece	used died on the day state				sulted
23. BURIAL CREMATION I DATE THEREOF	Yam Belson	S /010 Tood	OCATION (City	v. town or coun	cy 23	. 57. State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNAT	Salen	24. EUNERAL DIRECTO	Ca	tons	ADDRES	m
REG. 1-241-51 7/ 5 1/40 =	411	6 uston	La	17.7	And do	//

Lesnague.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

制

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0276

I. PLACE OF DEATH.		2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	v
COUNTE	MARYLAND	liaryland Baltimo	re
CITY (If outside corporate limits, write RU OR give nearest town) TOWN CATONSVILLE	3 vrs. 3 mth	CITY (If outside corporate limits, write RURAL and given a rown Baltimore	ve nearest town)
HOSPITAL OR INSTITUTION OR Spring Grou	ve State Hospital	STREET (If rural, give location)	
OTTO IT TO DETAIL		757 West Fayette Stree	t
3. NAME OF (First) DECEASED	(Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) ANDREW	LE CINCLE MADDIED	POLLITY DEATH January	22 19 5]
Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOWED	Jan. 22. 10/41 ((vrs.)	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wor	k 10b. Kind of Business or	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
done during most of working life, even if retired Salesman I3. FATHER'S NAME	Coal business	Wicomico County, Maryland	U.S.
Anthony Pollitt		Mary Virginia Anderson	
IF WAS DROWN OND PROPERTY IN IT S APPEND FORCE	ES? I6. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or date Union own service)	ns of	Hospital Records	
	18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTL	Y LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
	Myocardial fail	ure	* ************************************
Antecedent cause(s)	Compunational aut	ani anal amani a	
Diseases or conditions, if any, (b)	Generalized art	erioscierosis	- 19 90 01 00 00 00 00 00 00 00 00 00 00 00 00
stating the underlying cause last	21-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
(c)	Diabetes mellit	us	I.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing de	enth.		
19a. DATE OF OPERATION 19b. MAJOF	FINDINGS OF OPERATION		20. AUTOPSY?
			Yes No
SUICIDE	ACE (Home, farm, factory, street, office hldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m.	Work At work		
22. I hereby certify that I attended	the deceased from June .1	1950, to Jan 22, 19.51., that I last s	aw the deceased
		:15a. m., from the causes and on the date st	
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
1- Voluce Verenger)	ouce as so	Mus Browl St. bosts. 1-	-22-57
23. BURIAL, CREMATION DATE THER REMOVAL (Specify)	FOF NAME OF CEMETE	RY OF CREMATORY LOCATION (City, town, or count	(State)
	S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 1/23/51/4.00	· period	We could me 12/1 st.	Paul St
	VIT	490626	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(1277 Reg. Dist. No. 38

1. PLACE OF DEATH- COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (STATE Maryland		county Saltimore
	arata limita muita DIID		CITY (If outside corpor OR TOWN TOWS ON	rate limits, write RURAI	L and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	8430 Greenwa	v	STREET ADDRESS 8430 G	(If rural give loc reenway, Lock	ation) Raven VillageApt
DECEASED	rat)	(Missile) inia Mace Putnam	(Last)	4. DATE (Moo OF DEATH Jan	nth) (Day) (Year) 1. 25, 1951
	. color or race white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH July 23, 1866		If under 1 year If under 24 hrs. Months Days Hours Min.
done during most of work	ION (Give kind of work king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			Rossville, Balt	INAME	
Dr. Wm. H	. Mace		Henrietta Mar	ia Johnson	
15. WAS DECEASED EVER			17. INFORMANT		
(Yes, no, or unknown) (I	f yes, give war or dates of vice)		Mrs. Rebecca M	. Walker-8430	Greenway
IBC	vice)	18. MEDICAL CE			-10011114.)
I. DISEASES OR CONI			antenia O tt	no hosi	INTERVAL BETWEEN ONSET AND DEATE
Immediate	cause (a)	Cocorrac	warmy or	20,000	
333 Antecedent of Diseases or congiving rise to the	ditions, if any, (b)	arteriose	leroris	Argent adequated to so so so the true and a so a so a color of the so	14 yrs.
stating the und	erlying cause last (c)	Senilit	7		1/k yn.
	g to the death but not or condition causing death		9		
19a. DATE OF OPERA	TION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
hor	~	Name and Association of the Control			Yes No 🕅
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	E (Home, farm, factory, street, office bldg., etc.) RY	(CITY OR	TOWN) (Co	OUNTY) (STATE)
TIME (Month) (I OF INJURY	Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CCUR?	
22. I hereby certify	that I attended the	deceased from aug 4	19. 17, to Jan	75, 19.51, that 1	I last saw the deceased
alive on An SIGNATURE	34, 1951, and	that death occurred at	A.m., from the	causes and on the	date stated above. DATE SIGNED
4.5	, Chalf	antma	6210 York Road	//	aneary 25
23. BURIAL, CREMAT REMOVAL (Specify) burial	1 - 27	51 Mace burial	plot N	ear Stemmers	Run, Md.
DATE REC'D BY LOC REG.	SAL REGISTRAR'S S	delich	John O.Mitchel	l & Sons, Inc.	-1900 Eutaw Place
		1	1/	A SOUTH OF STATE	- CAR DECORATE OF

2411 N. Charles Street, Baltimore

		CERTIFICAT	E OF DEAT	H Reg. Dist. N	3/
1. PLACE OF DEATH- COUNTY Baltimore		MARYLAND	2. USUAL RESIDENCE (STATE Maryland	HOME) OF DECEASED COUNT Baltin	Y
CITY (If outside corporate lin OR give nearest town) P	its, write RURAL			rate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR	Hawthorne	Ave.	STREET ADDRESS 6 Hav	othorne Ave.	
3. NAME OF (First) DECEASED (Type or Print) Laura		(Middle) B.	(Last) Quillin	4. DATE (Month) OF January	(Day) (Year) 14 19 51
Female 6. Color	te 7	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH May 7, 1864	9. AGE last birthday If under	
10a. USUAL OCCUPATION (Gidone during most of working life,	ve kind of work 1 1	Oh. KIND OF BUSINESS OR INDUSTRY	Carroll Count		2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Sabert T			Emily Phill	NAME	
15. WAS DECEASED EVER IN U.S. (Yes, no, or unknown) (If yes, given in the control of the contr	ARMED FORCES? re war or dates of	16. Social Security No. None	Mrs.Ida Louise	6 Hawthor Pikesvill	
I. DISEASES OR CONDITIONS Immediate cause Antecedent cause(s Diseases or conditions, i giving rise to the above stating the underlying co- II. OTHER SIGNIFICANT CO- Conditions contributing to the	(a) (a) (b) M cause last (c) (c)	ading to death itestical itastalic (arcusoma	Obstruction of Interior	chor na	INTERVAL BETWEEN ONSET AND DEATH
related to the disease or condition 19s. DATE OF OPERATION	on causing death.	IDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT (Specify SUICIDE HOMICIDE	PLACE OF INJUR	(Home, farm, factory, street, office hidg., etc.)	(CITY OR	TOWN) (COUNTY	Yes No (STATE)
	ear) (Hour) I	NJURY OCCURRED While at Not While Work	HOW DID INJURY OF	CCUR?	
REMOVAL (Specify) BUT181		that death occurred at (Degree or title) NAME OF CEMETE New Oakland	ADDRESS AND FROM the Harrisonville	CATION (City, town, or coun Carroll County, 1	ated above. DATE SIGNED (State)

The correct age



ion carefully. death clearly and Supply every item write the causes of o INK. UNFADING I PLAINLY, WITH sespecially important

Evidence for addition in 18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

RTIFICATE OF DEATH

Reg. Dist. No..... 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED-STATE Md CO COUNTY Balto. COUNTY Balto. Md -MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)
TOWN Catonsville (in this place) Balto. TOWN HOSPITAL OR 16 Fusting Ave. STREET (If rural, give location) INSTITUTION OR STREET ADDRESS ADDRESS House in the Pines 636 N. Bend Rd. 3. NAME OF (First) (Middle) 4. DATE (Last) (Month) (Day) (Year) DECEASED HENRY (Type or Print) RAU DEATH Jan. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 9. AGE iast birthday | If under 1 year | If under 24 hrs. | Months | Days | Hours | Min. S. DATE OF BIRTH male white (Specify) widowed 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) Machinists COUNTRY? Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hanev C. Rau Anna C. Henkel 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS Watersedge, Md. (Yes, no, or unknown) | (If yes, give war or dates of 218-07-9217 Mrs. Inex Strohmeyer, 8212 Northview Rd. no service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause 45/x Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No E Yes | 21. ACCIDENT PLACE (Home, farm, factory, street, OF office bidg., etc.) (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) INJURY OCCURRED (Hour) HOW DID INJURY OCCUR? While at Not While INJURY Work | At work 22. I hereby certify that I attended the deceased from \$ - 20, 1939, to 1-31, 1951, that I last saw the deceased alive on 1-3/, and that death occurred at 7. 15 Q. m., from the causes and on the date stated above. SIGNATURE (Degree or title) DATE SIGNED -2-51 ener 23. BURIAL, CREMATION REMOVAL (Specify)

NAME OF CEMETERY OR CREMATORY

Loudon Park

24. FUNERAL DIRECTOR

A15

WRITE

PLEASE

DATE REO'D BY LOCAL

REG.

DATE THEREOF

REGISTRAR'S SIGNATURE

Balto. Md.

LOCATION (City, town, or county)

(State)

VS. A15

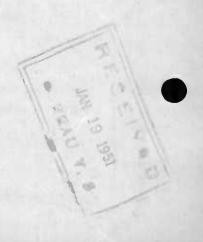
The correct age M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

COUNTY BALTIMORE CO. MARYLAND	STATE COUNTY	5/70
CITY (II outside corporate limits, write RURAL and OR of the place)	CITY (II outside corporate limits, write RURAL and give TOWN ATONSVILL	e nearest town)
HOSPITAL OR INSTITUTION OR 46 GLENWOOD FUE	STREET ADDRESS (Vans.) (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Type or Print) //OMAS	(Last) 4. DATE (Month) OF DEATH	(Day) (Year) 19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specifical Action)	13/18/1899 6/ yrs. Months.	1 year If under 24 hrn Days Hours Min.
done during most of porking life, even if retired) 10b. Kind of Business de done during most of porking life, even if retired	Mariland	COUNTRY?
13. FATHER'S NAME WM. RAY	14. MOTHER'S MAIDEN NAME	
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS Nay	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Cong	Estive heart failure	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Cardiavasarlan Disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	+ fibrosio + smphysema	THE GO TO BUTTONIO OCCUPATION OF COMMON CONTRACTOR OF CONTRACTOR
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
,112 (,	ADDRESS RY OB CREMATORY LOCATION (City, town, or count Lagrange L	ated above. DATE SIGNED (State)
REG. (-17-51 T.E. Harry	MACNABB + SON	ADDRESS 28
	68285	26



PLEAŚE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH	10	. MARYLAND	2. USUAL RESIDENCE (I		UNTY
CITY (If outside corporate limits, OR give nearest to b) are		OR			
HOSPITAL OR INSTITUTION OR 2913	rlen	nis Lane	STREET ADDRESS	(If rural give location	on)
8. NAME OF DECEASED (Type or Print)	2	(Middle)	red.	4. DATE (Month OF DEATH An	1. 4. 1.51
Female Color	ed l	7. SINGLE, MARRIED, WIDOWED, DIVOROED, (Specify)	cerout. 1893.		under 1 year II under 24 hrs. onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind done daring most of working life, even	nd of work if retired)	10b. KIND OF BOINESS OR INDUSTRY ROUND ROUNE	11. BIRTHPLACE (State of	a.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHERS MAIDEN	NAME	
15. WAS DECEASED EVER IN U.S. ARM (Yes, no, or unknown) (If yes, give we service)			Chous ta	mae Cock	erell.
		18. MEDICAL CEI	RTIFICATION		
I. DISEASES OR CONDITIONS DI	RECTLY I	4	,		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	arterwsele			Syears.
Antecedent cause(s) Diseases or conditions, if any giving rise to the above cause 131 a stating the underlying cause	8	Inter stite	al chronic	reflerition	() Tweet.
11. OTHER SIGNIFICANT CONDI- Conditions contributing to the deat related to the disease or condition c	h but not	1.			
19a. DATE OF OPERATION 19b.					Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLAC OF INJU	E (Home, farm, factory, street, office hldg., etc.)	(CITY OR	rown) (COU	NTY) (STATE)
TIME (Month) (Day) (Year) OF INJURY	(Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended alive on Jan 3., 19	41	deceased from Aug	30 H (/	3, 195/, that I l causes and on the da	
Louis n. Toll	in '	M. N. 69081	Vorth Jan	* Rd Balt	519. Van 4
REMOVAL (Specify)	6/5	o Mr. Calvo	ig Cem.	A. A. Cour	Star
DATE REC'D BY LOCAL REGI	STRAR'S	SIGNATURE Such	2 FUNERAL DIRECTO	Ellisto & a	ADDRESS
		V 5)m	1129M.	Caroline S	34

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH. Baltimore County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) IId. State. County City or town Catonsville (If outside city or town limits, write RURAL and give nearest town) Street No. 5225 Garmouth Rd. (If rursi, give LOCATION)			
3.(a) FULL NAME Helen Dorothy Rein	3. (b) Social Security Number			
Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH Jan. 12/51			
6.(b) Name of husband or wife Louis Rein 6.(c) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10 August 19 48 to 12 Jan 19 5/. and that I last saw here alive on 11 Jan 18 5/. Immediate cause of death DURATION Cerebral tremandage massing			
9. Birthplace Baltimore, Md. 10. Usual occupation W. 11. Industry or business Own Home	Oue to Agreetensii carolio-vascular ende disease Oue to			
12. Name Geo. Wood 13. Sirthplace	Other conditions 442 X 131 a (Include pregnancy within 8 months of death)			
Anna Gempp 14. Maiden name 15. 8irthpiace 16. Informant C. Louis Rein Address 5225 Garmouth Rd.	Major findings of aperations Oate of op. Autopsy results PHYSICIAN: Please underline the cause to which death abould he charged statistically.			
Burial Date thereof (month) (day) (year) Cemetery or crematory Baltimore National Location 5501 Frederick Rd. Balto. 29, Md.	22. VIQLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			
18. Funeral director Address 4101 Edmondson Ave. 19 January 3 T. (Date rec'(by registrar) Registrar	23. SIGNATURE Crif N. Henning & m.) M. F. or gher Address 6.01 Winan Way Dete elegated 0/3 Jan S			

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY	130 Himore
CITY (If outside corporate limits, write RURAL and OR give nearest town) Pai-K + OH (in this place) TOWN	CITY (If outside corporate limits, write RURAL and give OR TOWN Rural - Park fon	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rayville Road	STREET (If rural, give location) ADDRESS Rayville Road	
3. NAME OF (First) (Middle) DECEASED (Type or Print) E va agnes	do ley 4. DATE (Month) OF DEATH Jonuary	(Day) (Year) 15 195/
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W. CO. W.	23 august 1870 80 yrs. Months.	1 year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired) INDUSTRY	Maryland	COUNTRY? 4.5. A
13. FATHER'S NAME Elias K. Frank	14. MOTHER'S MAIDEN NAME Harriet Morrison	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS Emily Ricketts, Parkt	04
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
1200 Immediate cause (a) Heart Fai	14-6	11-40013
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	tic Heart Disease	? years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept.		
SIGNATURE (Degree or title)	ADDRESS m., from the causes and on the date st	ated above. DATE SIGNED
bracker T. Kees M.D.	Cockeysville, hid. 13	Jan. 1951
23. BURIAL, CREMATION DATE REMOVAL (Specify) Surial 18/951 NAME OF CEMETE AT Mary	& Hampden Roland Tex	md
PATE RECO BY LOCAL REGISTRAR'S SIGNATURE REG. 17 5 P.W. Federal	Lustin 6. Sonovan - 38/8 /or	and Teve
- In		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

CITY (If outside corporate limits, write RURAL and LIVE PORTAL OF CONTROL OF STAY OF CONTROL OF STAY OF CONTROL OF STAY OF STA	I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.
OR give easerest town. ON GIVE TOWN HOSPITAL OR STREET ADDRESS OF CIVED (Mideign) J. NAME OF CIVED (Mideign) J. NAME OF CIVED (Mideign) J. NAME OF COLUR OR RACE J. SINGLE, MARKED ODEATE AND ODEATE (Month) ODEATE ODEATE	A SULLIVIOU MARYLAND	mai sugo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 0.4 SURVEY ADDRESS 0.5 SEX 0.5 COLLOR OR RACE 0.5 SEX 0.	OR givo nearest town) (in this place)	OR -
STREET ADDRESS J. NAME OF (First) (Give kind of work 190-kind of work 190-kind or work 190		STREET / (Marural, give location)
DECEASED (Type of Print) 6. COLOR OR RACE (SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 5. SEX 7. SINGLE, MARRIED. 6. COLOR OR RACE 7. SINGLE, MARRIED. 6. SEX 7. SINGLE, MARRIED. 6. SINGLE, MAR	INSTITUTION OR STREET ADDRESS //04 Stevenson Lane	" TO F Sievenson of ane
5. SEX 6. COLOR OR RACE T. SINGLE, MARRIED. WIDOWED, DYONGED, Specify) T. SINGLE, MARRIED. T. SINGLE	DECEASED TRUE FALIXION XITTERY	OF -
WIDOWCED, Specify Sp	The state of the s	
13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRARED EVER IN U.S. ARMED FORCEST (Yes, no, or unknown) is erviced. 16. SOCIAL SECURITY NO. 17. INFOEMANT AND ADDRESS. 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 19. DATE SIGNIFICANT CONDITIONS OF OPERATION 19. DATE OF OPERATION (Specify) PLACE (Hour, farm, factory, street, NOUCLDE (Specify) OF office bidg, etc.) 19. DATE (Specify) PLACE (Hour, farm, factory, street, NOUCLDE (Specify) OF office bidg, etc.) 19. DATE (Specify) And that I attended the deceased from 19. MAID FOR While (Specify) And that death occurred at the course of the course o	WIDOWED, DIVORCED, (Specify) Harried	May 14 1892 58 yrs. Months Days Hours Min.
15. WAS DECRASED EVER IN U.S. ARMED FORCEST (16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS). 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. DATE SIGNIFICANT CONDITIONS DIRECTLY LEADING TO DEATH Cere brail Henorchage Antecedent cause (a) Hyper. Capabooa 19. Dates or conditions, if any, of the shove cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. Date of Operation (Specify) PLACE (Home, farm, factory, street, Office bidge, etc.) 17. INDURY OCCURED (Specify) INJURY OCCURED (SILICIDE (Specify) INJURY OCCURED (STATE)) 18. MEDICAL CERTIFICATION (Specify) OF Office bidge, etc.) 18. MEDICAL CERTIFICATION (Specify) OF OFFIce (Specify) OFFIce (S	done during most of working Mie, even if retired) ! Indianay	COUNTRY?C //
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Interest and Dea	13. PATHER'S NAME PITTER BUSINES	14 MOTHER'S MAIDEN NAME
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Interest of the above cause (a) Cere brail Hemorrhoge Antecedent cause (a) Hypor.cspaces Antecedent cause (b) Hypor.cspaces Antecedent cause (c) Hypor.cspaces Antecedent cause (d) Hypor.cspaces Antecedent cause (e) Hypor.cspaces Antecedent cause (s) Hypor.cspaces Hypor.cspac	15 WAS DECEMBED FURR IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Cere brail Hemorbege 31 hr.>.	(Yes, no, or unknown) (If yes, give war or dates of	mrs Corrie Robbe Kitterbusch Jame
Immediate cause (a) Cere had benearing a limit of the above cause (a) Hyper.esseed (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg, etc.) TIME (Month) (Day) (Year) (Hour) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED Not While Not While Not While At work 22. I hereby certify that I attended the deceased from 31 10c., 19.50., to 19.50., that I last saw the deceased alw on 1		
Immediate cause (a) Cere brail Hemorrhage Antecedent cause(s) Hyper. (b) Hyper. (c) State of the above cause stating the underlying cause last [c] II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition exusing death. [19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20c. AUTOPSY? Yes: No. 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) [19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20c. AUTOPSY? [19a. DATE OF OPERATION 20c. AUTOPSY? [19a. DATE SIGNIFICANT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) [19a. DATE OF OPERATION 20c. AUTOPSY? [19a. DATE SIGNIFICANT (Specify) (STATE) (CITY OR TOWN) (COUNTY) (STATE) [19a. DATE SIGNIFICANT (STATE) (CITY OR TOWN) (COUNTY) (STATE) [19a. DATE SIGNIFICANT (STATE) (CITY OR TOWN) (COUNTY) (STATE) [19a. DATE SIGNIFICANT (STATE) (CITY OR TOWN) (COUNTY) (STATE) [19a. DATE SIGNIFICANT (STATE) (CITY OR TOWN) (COUNTY) (STATE) [19a. DATE SIGNIFICANT (STATE) (CITY OR TOWN) (COUNTY) (STATE) [19a. DATE SIGNIFICANT (STATE) (STATE) (STATE) (STATE) [19a. DATE SIGNIFICANT (STATE) (STATE) (STATE) (STATE) [19a. DATE SIGNIFICANT (STATE) (STATE) (STATE) (STATE) (STATE) [19a. DATE SIGNIFICANT (STATE)		INTERVAL BETWEEN
Antecedent cause (a) Diseases or conditions, if any, giving rise to the above cause satisting the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SIGNATURE) 22. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SIGNATURE) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While at work At work 22. I hereby certify that I attended the deceased from 1. At work At work At work At work At work Obegree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL, REGISTRAR'S SIGNATURE 24-FUNERAL DIRECTOR, ADDRESS ADDRESS		4 - 4
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. I9a. DATE OF OPERATION	Immediate cause (a) Cere brat 6	Cherrhage 31 115.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUCCIDE HOMICIDE INJURY OCCURRED While at Not While Not While At work 22. I hereby certify that I attended the deceased from 31 Dx., 1950, to 1951, that I last saw the deceased alive on 1951, and that death occurred at 1951, and that I last saw the deceased at 1951, and that I last saw the deceased at 1951, and that I last	Diseases or conditions, if any, (b) giving rise to the above cause	
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No E 21. ACCIDENT (Specify) OF Office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not Work At work 22. I hereby certify that I attended the deceased from 3113c., 1950., to 32ac., 1951., that I last saw the deceased alwo on 1		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY! Yes No 20 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) 22. I hereby certify that I attended the deceased from INJURY Not While Work At work Not While Work At work Not While N	Conditions contributing to the death but not	
21. ACCIDENT SUICIDE OF office bidg, etc.) HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OCCUR? While at Not While Injury occur. 22. I hereby certify that I attended the deceased from Injury occur. 23. I hereby certify that I attended the deceased from Injury occur. (Degree or title) Obgress Occurred at Injury occurred at Injury occur. 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) Occurred to the county of the co	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Mork At work 22. I hereby certify that I attended the deceased from Signature Address and on the date stated above. SIGNATURE OF THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OF office bidg., etc.) INJURY HOW DID INJURY OCCUR? DATE I last saw the deceased above. ADDRESS DATE SIGNED LOCATION (City, town, or county) TOWNSON BALLS (LA DECISION ADDRESS) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	Leone	Yes 🗆 No 🛍
TIME (Month) (Day) (Year) (Hour) While at Not While at No	SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
22. I hereby certify that I attended the deceased from 31 12., 1950, to 30., 1951, that I last saw the deceased alvo on 1951, and that death occurred at 70. m., from the causes and on the date stated above. SIGNATURE: On 1951, and that death occurred at 70. m., from the causes and on the date stated above. DATE SIGNED ADDRESS 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
alty on 1951, and that death occurred at 900 mm, from the causes and on the date stated above. SIGNATURE: One of the causes and on the date stated above. DATE SIGNED ADDRESS DATE SIGNED 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REDIOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS	Model	- 10
SIGNATURE (Degree or title) ADDRESS L. GREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) DATE REC'D BY LOCAL (REGISTRAR'S SIGNATURE) ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS		
SIGNATURE (Degree or title) ADDRESS L. GLESS ADDRESS ADDRESS DATE SIGNED 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1051 and that death accurred at	9100 m from the causes and on the date stated shove
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) Jan 1957 Masket Hell Townson Ballo as MA DATE REC'D BY LOCAL (REGISTRAR'S SIGNATURE) 24. FUNERAL DIRECTOR, ADDRESS,	SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR, ADDRESS, D.		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS	REMOVAL (Specify)	t Hell Towson Ballo les ma
- 11-11 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	4. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS
	11/2/11/11/11/11/11/11/11/11/11/11/11/11	Married Jan all all all

1 Burkeleigh Square

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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

COUNTY Baltimore	MARYLAND	STATE Maryland County	
CITY (If outside corporate limits, write RURA OR give nearest town) TOWN Fort Howard		CITY (If outside corporate limits, write RURAL and giv	e nearest town)
HOSFITAL OR	Ft. Howard, Md.	STREET (If rural, give location) ADDRESS 725 N. Carey Street	
3. NAME OF (First) DECEASED (Type or Print) 3. NAME OF (First) DECEASED (First)	(Middle) E • F	(Last) 4. DATE (Month) OF DEATH Jamuary	(Day) (Year) 11 1951
6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	11-2-87 63 yrs. Months	Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bar Tender	10b. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John E. Robinson		Annie L. Comager	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of Yes)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
Yes service) WA! I		Clin.Rec., Vet.Adm. Hosp., Ft. Ho	ward, Md.
	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY I	EADING TO DEATH		ONSET AND DEATH
Immediate cause (a)	CHRONIC GLOMERULA	NEPHRITIS	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death			
19a. DATE OF OPERATION 19b. MAJOR FI			20. AUTOPSYT
			Yes M No 🗆
21. ACCIDENT (Specify) PLAC OF HOMICIDE INJUI	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that Aattended the	deceased from Jan.	l., 19.51, to Jan. 11., 19.51, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	withe deceased X
SIGNATURE / D. D.	that death occurred at	ADDRESS and on the date sta	ted above. DATE SIGNED
PAUL PADGET, M. D., CHIE	E MEDICAL SERVIC	CE, VAH, FORT HOWARD, MARYIAND	1-11-51
23. BURIAL, CREMATION DATE THEREO	NAME OF CEMETER Baltimore No	RY OR CREMATORY LOCATION (City, town, or count;	(10 10104)
DATE REC'D BY LOCAL REGISTRAR'S S		24. FUNERAL DIRECTOR	ADDRESS
1 REG. 1951 R.W		James A. Hayes 638 N. Gilmor,	
	1	2506 79 Baltimore, Mary	land

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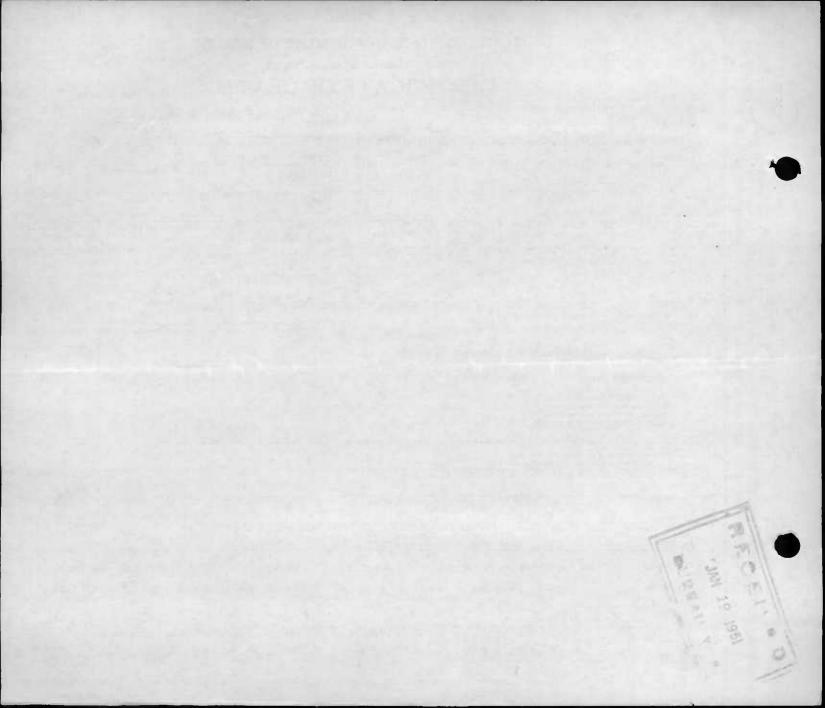
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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CERTIFICATE OF DEATH

I. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Baltimore	
OR givo nearest town) Gay, nuad LENGTH OF STAY (in this place)	CITY (II outside corpointe limits, write RURAL and giv	'e nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Balto. Co. Home,	STREET (If rural, give location)		
3. NAME OF DECEASED (Type or Print) Arthur E (Middle)	(Last) 4. DATE (Month) OF DEATH JANUARY	(Day) (Year) / 6	
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Mach 28, 1968 9. AGE last birthday II under Months Worths	year If under 24 hrs. Days Hours Min.	
10a. USUAL OCCUPATION (Give kied of work done during most of working life, even if retired) August Manay	11. BIRTHPLACE (State or foreign country) 12 New Justy 12	COUNTRY? ZL A.	
arthur. Rolly	14. MOTHER'S MAIDEN NAME Elizabeth Hubbard		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS from records Saltenine Co Hom	e.	
18. MEDICAL CER	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE	
120.0 Immediate cause (a) Sulmany ede-	na .	luk.	
Diseases or conditions, if any, (b). Clutturo elusates giving rise to the above cause	Rest disease	years.	
stating the underlying cause last			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF UNJURY m. Work At work	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jumber, 1950, to Jum 15, 1951, that I last saw the deceased			
alive on	ADDRESS	ted above. DATE SIGNED	
Elizabeth B. Shwill M. C.		116/51	
23. BURIAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Speedly)	ce cem anne anunda	(State).	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1/16/5/ W.M. V. Shilos	24. FUNERAL DIRECTOR 1217 St. Paul	Street	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

JS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

. FOR MEDIO	AL EXAMINERS	Reg. Dist. No.
I. PLACE OF DEATH. COUNTY Edgemere. Mof. Balte County MARYLAND	2. USUAL RESIDENCE (HOME) O	COUNTY Balls.
CITY (If outside corporate limits, write RURAL and OR give nearest (own) TOWN	TOWN Colaress is	write RURAL and give hearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS North Pour	Thora Matther ge
3. NAME OF DECEASED (First) (Middle) (Type or Print)		ATH JON: 6 195
5. SEX 6. COLOROR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	6-22-1898	ast hirthday If under 1 year If under 24 hr Months Days Hours Min
done during most of working life, even Krytired) 10b. Kind of Business of Industry INDUSTRY	Baltemine J	ountry) 12. CITIZEN OF WHAT
Phillip A Rummel	14. MOTHER'S MAIDEN NAME	
15. Was Deceated Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT Ru	minel.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATE
420.1 Immediate cause (a) Colonary	Vellusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTE G Office bldg., etc.) CAUSE OF DEATH.	eet, (CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY m, War at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held a obtained by said Autopsy, Inspection or Inquiry, find that said a from: natural causes . accident . suicide . homicide .	leceased died on the day stated above,	ry thereon and from the evidence and death in my opinion resulted DATE SIGNED
SIGNATURE MYS MISSIGNATURE	nel Zay Allela	K. 22 my /10/51
REMOVAL (Specify) Con. 11.1907 Scroped	· Heart Con Is	N (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1/10/5/ A W. FERRICL	Way of ell Son	3/5 Solle blend
	777	1. 100 1 100

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0285

eg. Dist. No. 40

970469

	Reg. Dist. No
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
MARYLAND MARYLAND	STATE Manland COUNTY_
CITY (H outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	OR CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN MEDILIE M.	TOWN // C) A / / LINEAR &
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS	616 Harwood avenue V
3. NAME OF (First) (Middle) DECEASED (Type or Print)	1. DATE (Month) (Day) (Year) OF DEATH 29 1951
5. SEX 6. COLOR OF BACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify Single)	8 DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUM OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIR DIPLACE (State of foreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAILEN NAME
prancis M. Al Clair	mary Wingate
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, en unknown) (H year, give war or dates of service) service)	17. INPORMANT AND CADDINESS THE PROPERTY OF TH
The state of the s	De rocky D. / 1 - 1/27, approves /ma
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Oconaci	y accusion Siddle
420.1	A
Antecedent cause(s)	(1 t).
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	ums -
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	***************************************
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes \ No.
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 29	1940, to Lin 29, 19. 7, that I last saw the deceased
^ / - 4	
alive on 1944, 1944, and that death occurred at	ADDRESS m, from the causes and on the date stated above.
Joseph El Bush MD, -	polamble med 1/29/51
23 BURIAL CREMATION DATE NAME OF CEMETER REMOVAL (Specify)	Colate)
DATE RECIDIBY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1131/5 Now Hedred	Nm. Cook, Inc. 1217 Ab. Paul Ab

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0290

Reg. Dist. No.....

1. PLACE OF DEATH	Baltimore		2. USUAL RESIDENCE (OUNTY
CITY (If outside o		MARYLAND AL and LENGTH OF STAY	Maryla CITY (Wanteida correc	and rate limits, write RURAL	
OR give nearest TOWN	Fort Howard	35 days	Town Baltin	nore	and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS	R	.,Ft.Howard,Md.	STREET ADDRESS 605 N	(If rural, give locate Central Aven	tion) me
3. NAME OF DECEASED (Type or Print)	(First) HARRY	(Middle) .	(Last) SCHOFIEID	4. DATE (Mont OF Jan	th) (Day) (Year) mary 16 195:
Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)Married—Se	6. DATE OF BIRTH	9. AGE last birthday If	under 1 year If under 24 hr fonths Days Hours Min
done during most of w	ATION (Give kind of work rorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Baltimore.	or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA
Noah Schof	ield		Mary/Dennis	NAME	VVA
	ver In U.S. Armed Forces (If yes, give war or dates of leervice) WW I		17. INFORMANT AND Clin-Rec., Ve	Address et.Adm.Hosp.,F	t.Howard.Md.
		18. MEDICAL CE			
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATE
		RTERIOSCLEROTIC H	שאסיי הדמשאמש אודי	PLI	
420 0 Immediate	o contract			1.II.	Unknown
Anteceder	it cause(s)	ECOMPENSATION AND	UREMIA		
Diseases or e	conditions, if any, (b)	***************************************	**************************************	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	nderlying cause last				
	(c)				
Conditions contributed to the disease	CANT CONDITIONS sting to the desth but not see or condition causing deat	Chronic Emphysem Renal Pathology,	a type undetermi	ned	unknown
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
	,				Yes No No
21. ACCIDENT SUICIDE HOMICIDE	OF	CE (Home, farm, factory, street, office bldg., etc.) RY	(CITY OR	rown) (Cot	JNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
00 111	C- 13 - 67 - 14 - 3 - 3 - 13	116 Dec 70	2 .0 50 . 7-	1 10 52	
		deceased from Dec. 12			
SIGNATURE	00000000000000000000000000000000000000	d that death occurred at	11:40 A.m., from the	causes and on the de	ate stated above. DATE SIGNED
	arelley, Us	.0.	VAH Fort Hows		11-16-51
23. BURIAL, CREM. REMOVAL (Spec	ATION DATE THEREOUS (My) /-/8-5/	NAME OF CEMETE Baltimore N	RY OR CREMATORY 1 ational	Baltimore, Md	
DATE REC'D BY		SIGNATURE	24. FUNERAL DIRECTO	R	ADDRESS
11/10/	-/ /Me/	11/10 11 1/	Charles R. T.aw	802 Madiana	Anna Dalla 252

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0291

CERTIFICATE OF DEATH

Reg. Dist. No....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Akbutus (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN The bo To S	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5561 OREGON AUS.	STREET (II rural, give location) ADDRESS 5561 ORE 9001	900
3. NAME OF (First) (Middle) DECEASED (Type or Print) Edwin F. SEVERN	(Last) 4. DATE (Month) OF DEATH	(Day) (Year) 19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday IVander Months.	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY LALLOW COLOR OF BUSINESS OR INDUSTRY	BAILIMORE	CITIZEN OF WHAT
13. FATHER'S NAME TO KA T.	MARGRAET E. BRAND	ENburg
15. Was DECRASED EVER IN U.S. ARMED FORCES? (Yes, no. 7 whknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS FAMILY - DAME	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Conditions	RTIFICATION y Theombosics	INTERVAL BETWEEN ONSET AND DEATH
420. / Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last		10 10 10 Miles - 10 10 10 10 10 10 10 10 10 10 10 10 10
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	M	60 PR PR 44 8 must be be be out the 60 min building and 10 min
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	7	20. AUTOPSY? Yes \(\text{No} \(\text{No} \(\text{D} \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY D. At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from.	26, 1949, to su. 7, 1957, that I last sa	w the deceased
alive on 4, 1957, and that death occurred at SIGNATURE (Degree or title)	4.45 P.m., from the causes and on the date sta	DATE SIGNED
I Bradley Daugarthy m	J 1264 Francia due to	Baltimore 27
23. BURIAL, CREMATION DATE REMOVAL Specify / // // // // // // // // // // // //	v Chaps/ Wood bine	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. SIGNATURE	FUNERAL DIRECTOR	ADDRESS
	1305 FART AUS 20	1911

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

0292

Reg. Dist. No. 44

COUNTY Bal	timore	MARYLAND	2. USUAL RESIDENCE (I STATE Maryland	HOME) OF DECEASE	COUNTY	Marit	
OR give nearest	orporate limits, write RURA town) HOWard, Md.		CITY (If outside corpora OR TOWN Damascus		L and give	nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R SS Vets.Adm.Hos	p.Ft.Howard,Md.	STREET ADDRESS	(If rural, give lo	cation)		1
3. NAME OF DECEASED (Type or Print)	(First) CHARLES T. SHE	(Middle) . CKELS ALSO SHECKLE	(Last)	OF	onth)	(Day)	(Year) 1951
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTII 2-24-95	9. AGE last birthday 55 yrs.	If under ! Months	year If unde Days Hours	r 24 hrs.
done during most of w	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Contractor	Dama scus Md.	r foreign country)		CITIZEN OF	WHAT
13. FATHER'S NAM	Œ		14. MOTHER'S MAIDEN	NAME			
Nathan She			Edith Bowen				
15. WAS DECEASED E	ver In U.S. Armed Forces (If yes, give war or dates of	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS			
WW-I yes	service) WW-	unknown	Clinical Recor	ds Vets.Adm.	Hosp.	Ft. Howan	rd, Mo
		18. MEDICAL CE	RTIFICATION		1		-
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL BE	DEATH
334× Immediate	e cause (a) C	EREBRAL ARTERIOSCI	EROSIS			Unknown	Ł
97 Diseases or a giving rise to	nt cause(s) conditions, if any, to the above cause underlying cause last (c)					· · · · · · · · · · · · · · · · · · ·	************
Conditions contributed to the disea	CANT CONDITIONS uting to the death but not se or condition causing deat	Oligodendroglioms -sequelae of (remo				Unknown	
19a. DATE OF OPE	RATION 195. MAJOR F	INDINGS OF OPERATION				20. AUTOPS	IYI
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (C	OUNTY)	Yes [] (STATE	No Z
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?			
22. I hereby certi	ify that Kattended the	e deceased from Dec. 27	, 19.50, to Jan. 1	7, 19.51., the	idence	A SPECTOR	Sed X
SIGNATURE	XXXXXXXXXXXXXXXX an	d that death occurred at.3.	ADDRESS	causes and on the	date sta	ted above.	NED
Hronk	Loole, Ma	(M.a.D.) 1	AH Fort Howard	, Md.		1-17-5]	
23. BURIAL, CREM REMOVAL Spec	way 17 vool & v	NAME OF CEMETER		Damascus, Md) (Sta	te)
DATE REC'D BY	LOCAL VENISTRAR'S	x to harber	24. FUNERAL DIRECTO Roy W. Barber F		Layto	ADDRESS nsville	,Md.
7				564	1241	0	

W 52 1021

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0293

CERTIFICATE OF DEATH

Reg. Dist. No. 3 p

COUNTY	Balto	MARYLAND	2. USUAL RESIDENCE Md.	(HOME) OF DECEASED COL	NTY Balto.
	corporate limits, write RUR.		CITY (If outside corpo OR TOWN Larch	rate limits, write RURAL an	
HOSPITAL OR INSTITUTION O STREET ADDRI	OR Paradise Nu	rsing Home	STREET	(If rural, give location Poplar Drive	n)
3. NAME OF DECEASED (Type or Print)	ANNA	(Middle) KATHE RINE	SHELLHAS	4. DATE (Month) OF DEATH Jane	(Day) (Year) 27 ₁₉ 51
5. SEX female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	Mos	nder 1 year If under 24 hrs. aths. Days Hours Min.
done during most of housewife	PATION (Give kind of work working life, even if retired)	(Specify) Widowed 10b. Kind of Business or Industry home	July 11, 1864 11. BIRTHPLACE (State Germany		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAI	ME		14. MOTHER'S MAIDE	N NAME	
	EVER IN U.S. ARMED FORCES (If year, give war or dates of service)		Amelia 17. INFORMANT AND Mrs. Edna L.	ADDRESS Hughes = 2605 P	onler Drive
934 Diseases or giving rise stating the	ent cause (a) r conditions, if any, to the above cause underlying cause last FICANT CONDITIONS	Intenio solero	tié cordis	VIEC depose	24 hours
Conditions contrib	buting to the death but not ease or condition causing deat	h. Serulity d	eculetus al	eers	20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR	TOWN) (COUN	TY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCUR?	
1.	· · · · · · · · · · · · · · · · · · ·	e deceased from Jan 24	7 1		
alive on Signature	19.24, an	d that death occurred at (Degree or title)	ADDRESS from the	e causes and on the dat	e stated above. DATE SIGNED
Vepher	Isa Ma	pulls MO	Cataren	relig W, M	01-29-51
23. BURIAL, CREM REMOVAL (Spo Burial	MATION DATE		ery or crematory	LOCATION (City, town, or a Boodlaw	
DATE REC'D BY REG.			24 FUNERAL DIRECT	ichner y In	ADDRESS
17		Dr.			Ma

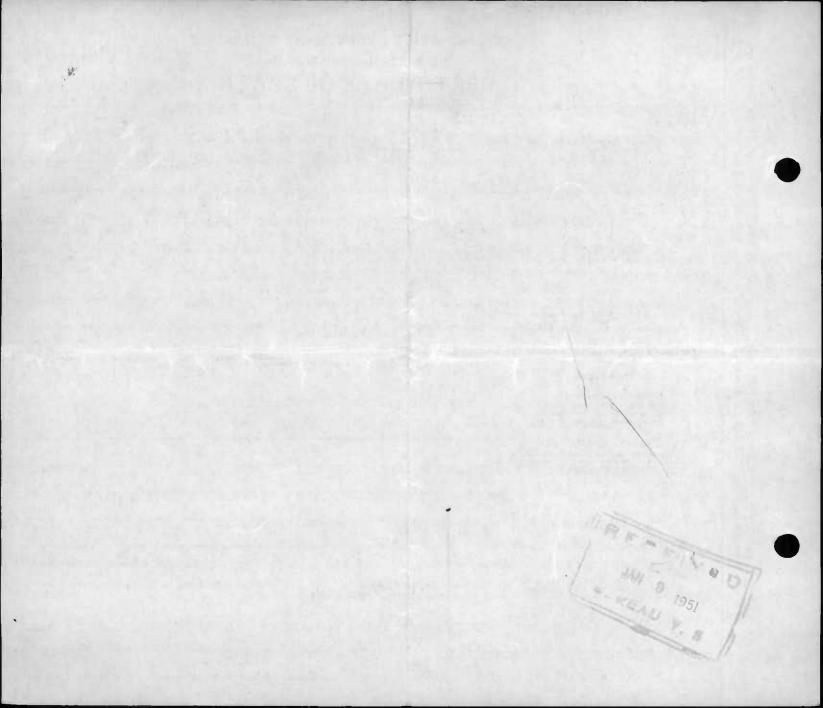
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	ν
COUNTY BALL, more Co. MARYLAND	STATE MAYLAND BATIN	nore G.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
OR give nearest town) TOWN CockeySylle 2475.	TOWN Cockeysville	
HOSPITAL OR	STREET (If rural, give location)	
STREET ADDRESS Off att Memorial Home	ADDRESS 2 Hears	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
OECEASED (Type of Print) BETTY	SHRIVER DEATH JAH.	5 1951
	S. DATE OF BIRTH 9. AGE last birtbday If under	
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 5, 1916	August 7 1870 80 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or		2. CITIZEN OF WHAT
done during most of working life, evon if retired) INDUSTRY	MARYLAND	COUNTRY? LSA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	00011
Augustus Shriver	CAROLYN HAYNES	
15. WAS DECRASED EVER IN U.S. ABMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	1 1
(Yes, no, or unknown) (If yes, give war or dates of	me E. Edgar Flyngson	1 1. 7 42
service) No I Nome		- aucen Tike
18. MEDICAL CE	RITFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Cerebral	Anniderat	1
Immediate cause (a)		
33/X Antecedent cause(s) Diseases or conditions, if any, (b) Idy per te	0.4 6 1 A - 4	Veake
Diseases or conditions, if any, (b) giving rise to the above cause	200 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	years
giving rise to the above cause inst		
(c)		1
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes D No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	
SUICIDE OF office hidg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
22. I hereby certify that I attended the deceased from 194	19 to 5 dan, 196 1, that I last	saw the deceased
alive on		tated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Worldin T. Kees M.D.	Coches sville, Ind. I	Jan. 1951
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or cour	
REMOVAL (Specify) Age 6 1951 10000 (A	Like Kunialle A at	-Coul
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	20 FUNERAL DIRECTOR	ADDRESS
REG. O. A. C. A.	Sand 20 (1) 80 1	744
mar 4/81 111/12 Comeron	January Millions, Start	o, mai
	720826	
	12000	



CERTIFICATE OF DEATH

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

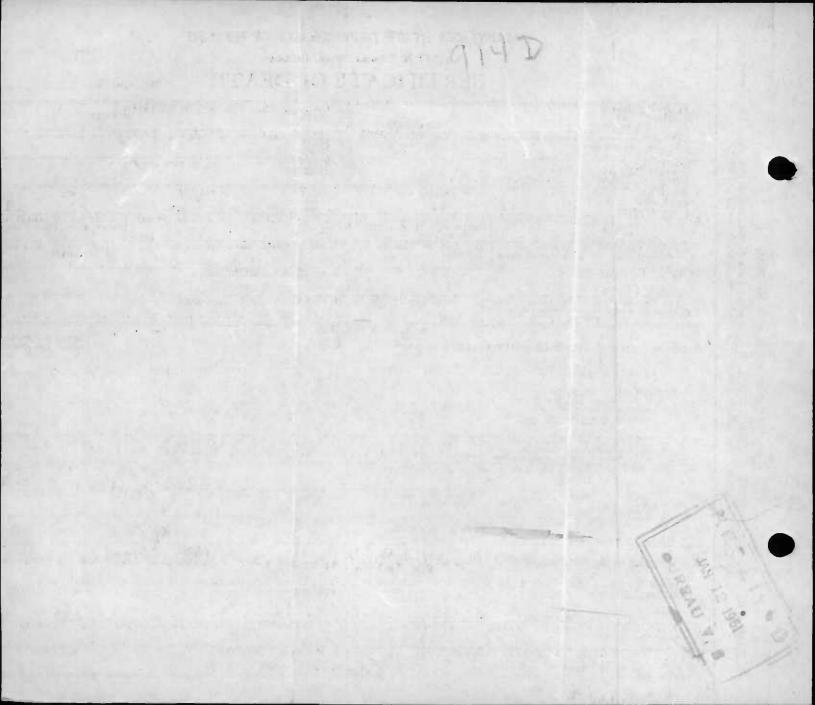
MARGIN RESERVED FOR BINDING

VS. A15

360%

0295 eg. Dist. No. 44

I. PLACE OF DEATH.		2. USUAL RESIDENCE	(HOME) OF DECEASED.	
Baltimore CITY (It outside corporate limits, write RI	MARYLAND	STATE	vland	tent
	JRAL and LENGTH OF STAY	CITY (If outside corp	orate limits, write RURAL and give	ve nearest town)
OR give nearest town) TOWN FORT HOWard, Md.	(in this place)	TOWN Warton		
HOSPITAL OR		STREET O	(If rural, give location)	/
STREET ADDRESS Vets.Adm.H	losp.Ft.Howard,Md.	ADDRESS		V
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) LOUIS	R.	SILCOX	DEATH Jan. 8	1951
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If under	
Male White	WIDOWED, DIVORCED, (Specify) Single	6-27-93	57 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wo	rk 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stat		CITIZEN OF WHAT
done during most of working life, even if retired	d) INDUSTRY	Ea Chesterto	wn.Md.	COUNTRY? USA
13. FATHER'S NAME		14. MOTHER'S MAID		
John Silcox	/	Sarah Moor	е	
15. WAS DECRASED EVER IN U.S. ARMED FORCE	CES? I6. SOCIAL SECURITY NO.	17. INFORMANT AND	DADDRESS	
(Yes no or unknown) (If yes, give war or dat	es of unknown	Clinical Rec.	Vets.Adm. Hosp. Ft. H	loward.Md.
	18. MEDICAL CE			1
I. DISEASES OR CONDITIONS DIRECTL	VIEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
				ONSEI AND DEATH
Immediate cause (a).	Right hemiplegia -	cerebro-vascu	ar accident	l day
331 X				
Antecedent cause(s) Disesses or conditions, if any, (b)				
giving rise to the above cause	* *** *** **** **** **** **** **** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** *** ***	160 0 0 1 1 1 1 1 0 0 6 1 1 1 1 1 1 1 1	0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	
stating the underlying cause iast				
OTHER SIGNIFICANT CONDITIONS	Anteniosolerotic Co	ardiowescular o	lis with hypertens	on
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the desth but no related to the disease or condition causing d	auricular fibril	lation.systoles	s; diabetes mellitu	is
related to the disease or condition causing d	R FINDINGS OF OPERATION			1 20. AUTOPSY?
198. DATE OF OTELERITOR				Yes No D
21. ACCIDENT (Specify) P	LACE (Home, farm, factory, street,	: (CITY OI	R TOWN) (COUNTY)	
SUICIDE	F office bidg., etc.)	(0	(0001111)	(0211210)
HOMICIDE IN TIME (Month) (Day) (Year) (Hour	JURY OCCURRED	HOW DID INJURY	OCCUR?	
OF	While at Not While	1011 212 1110111	30002	
INJURY	. Work At work			
22. I hereby certify that Wattended	the deceased from Nov. 27	7 1950 to Jan.	8 1951 KENCOUGE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
XQQQVXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	and that death occurred at	1:05 P.m., from t	he causes and on the date st	ated above.
SIGNATURE To Le Pa	(Degree or title)	ADDRESS		DATE SIGNED
PAUL PADGET, M.D. CHIE	R MEDICAL SERVICE V	AH FT. HOWARD.	MD.	1-9-51
23. BURIAL CREMATION DATE THE		RY OR CREMATORY	LOCATION (City, town, or coun	ty) (State)
23. BURIAL, CREMATION DATE THER REMOVAL (Specify)	51 Still Pond	Cemeterv	Still Pond, Md	
I Dui Tat	S SIGNATURE	24. FUNERAL DIREC		ADDRESS
UREG. 9. 51/ 2 Gm		B.R. Fellows S	till Pond Md.	



The correct

Evidence for changes in 8 & 9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 1	30 JAN 29 195	CERTIFICAT	E OF DEAT	TH Reg.	Dist. No. 38
I. PLACE OF DEATH	H•	MARYLAND	2. USUAL RESIDENCE ((HOME) OF DECEAS.	COUNTY Balto.
OR give nearest TOWN	orporate limits, write RURA town)	L and LENGTH OF STAY (in this place)	TOWN To	owson	AL and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS	r ss 903 Dulanev	Valley Court	STREET	(If rural, give l Dulaney Vall	
3. NAME OF DECEASED (Type or Print)	(First) EMBJA		(Last)	4. DATE (MOF DEATH	onth) (Day) (Year)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	Dec. 9, 1827	9. AGE last birthday	If under 1 year If under 24 hr Months. Days Hours Min
	ATION (Give kind of work corking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY At Home	Pittsburgh I		12. CITIZEN OF WHAT COUNTRY!
	pert Patton		14. MOTHER'S MAIDER	Mary Jane	
15. WAS DECRASED EV (Yes, no, or unknown)	VER IN U.S. ARMED FORCES: (If year, give war or dates of service)	16. Social Security No.	Mr. W. R. NCCl		laney Valley St.
Immediate Anteceder Diseases or giving rise to stating the u II. OTHER SIGNIFI Conditions contriburelated to the disease	conditions, if any, o the above cause inderlying cause last (c) CANT CONDITIONS tring to the death but not se or condition causing death	retació Thru	of Salester	had lose	ONSET AND DEATH
19a. DATE OF OPE	RATION 195 MAJOR F	INDINGS OF OPERATION	slives		20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	OE (Home, farm factory, street, office bidg., etc.)	(CITY OR	TOWN) (0	COUNTY) (STATE)
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work ☐ At work ☐	HOW DID INJURY OF	CCUR?	
alive on SIGNATURE 23. BURIAL, CREM REMOVAL (Spec	ATION DATE	d that death occurred at (Degree or title) NAME OF CEMETE	ADDRESS ADD	LOCATION (City, town	e date stated above. DATE SIGNED Mossylved
January 28 .	1951 K.W.		11m. J. Jucks	un I Som Ine	. Bello med

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0297

CERTIFICATE OF DEATH

Reg. Dist. No..

1. PLACE OF DEATH-	STATE COUNTY Q
DALIO. MARYLAND	MD. DALTO
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN IOW SON 75 1RS	TOWN 10W50N
HOSPITAL OR INSTITUTION OR STREET ADDRESS 59 BURKE AVE.	STREET ADDRESS 59 BURKE AVE.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) LAIHEKINE 9.	DEATH DEATH 0 195
6. COLOR OR RACE WIDOWED DIVORCED,	S DATE OF BIRTH 9. AGE last birthday If uoder 1 year Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 10b. Kind of Business or Industry 10c. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME DENJAMIN CHASE	14. MOTHER'S MAIDEN NAME JULIA FARRELL
15. Was Decrased Ever In U.S. Abmed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	MRS. WM CATHELL SAME.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Adenocareir	noma of fundus uteri 2 years
172 x	1. 7.1
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	ic fistula
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	cardio vascular disease
Dec. 28, 1948 Hander of Operation Adenocarcinoma	of fundus uteri 20. AUTOPSY? Yes No BY
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	
TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?
	28, 1948, to
alive on 4, 19.5., and that death occurred at	O 20 P. m., from the causes and on the date stated above. ADDRESS DATE SIGNED
C. Bernard Grack, M.D.	11 E. Chase St. Jan. 11, 1951
BMOVAL (Specify) 1-13-1950 WILSON'S	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	H.W. JENKINS & SONS CO. 4905 YORK RD.

DR. BRACK HE. CHASE

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0274

eg. Dist. No. 30

I. PLACE OF DEATH.		2. USUAL RESIDENCE (F	OME) OF DECEASED.	10
Baltimore	MARYLAND		Anne Ari	indel
CITY (If outside corporate limits, write RUR OR give nearest town) TOWN Catonsville	AL and LENGTH OF STAY (in this place) 8 yrs 2mths	OR TOWN Severna	Anne Aru te limits, write RURAL and g	ive nearest town)
HOSPITAL OR INSTITUTION OR	17 days	STREET ADDRESS	(If rural, give location)	1
	State Hospital	ADDRESS		1/
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) HENRY		SMITH	OF DEATH January	m)
6. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If under	r 1 year If under 24 hrs.
Male White	WIDOWED, DIVORCED, (Specify) SINGLE	Feb. 28. 1870	80 yrs. 10	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY	11. BIRTHPLACE (State o		2. CITIZEN OF WHAT COUNTRY?
packer 13. FATHER'S NAME	Candy company	Frederick,		U. S.
Henry Smith 15. Was Decrased Ever In U.S. Armed Forces	e? 16. SOCIAL SECURITY NO.	17. INFORMANT AND	Maria Easter	
(Yes, no, or unknown) [(If yes, give war or dates				28 354
no leervice)	18. MEDICAL CE		rds, Catonsville	CO. Mula
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Arteriosclerotic	heart disease		
4200 4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
Antecedent cause(s) Diseases or conditions, if any, (b)	Pulmonary Fibros	is		
giving rise to the above cause stating the underlying cause last			***************************************	
scatting the underlying cause issue				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing dea	th. Senility			
19a. DATE OF OPERATION 19b. MAJOR				20. AUTOPSY?
				Yes No
21. ACCIDENT (Specify) PLA SUICIDE HOMICIDE INJ		(CITY OR T	OWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
ĪNJURY m.	Work At work			
22. I hereby certify that I attended th	9901			
alive onJan. 24, 1951, an SIGNATURE	d that death occurred at5 (Degree or title)	address from the	causes and on the date s	tated above. DATE SIGNED
Floren deruge	Jora us 9	Bring drave	St. Hosp 1	-24-51
23. BURIAL, CREMATION DATE THERE REMOVAL (Specify) (25)	51 Umsstygne	desklood !	Salto Couly	M q (State)
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	R	ADDRESS /
1-25-51 / 60	Harry	Drances 9	/ yernsly 5 781	Made of
			0 /	1-11-1

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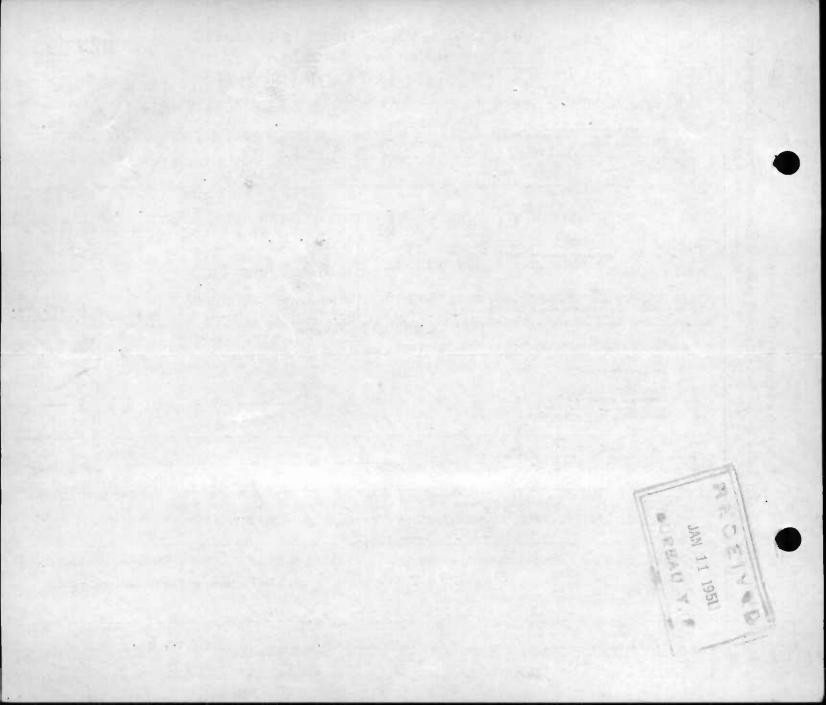
0298

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.3/...

I. PLACE OF DEATH	H·	MARYLAND	2. USUAL RESIDENCE (I	HOME) OF DECE	COUNTY	Balto.
CITY (If outside c OR give nearest TOWN	corporate limits, write RURA town) Granite		OR TOWN Granite	ate limits, write R		
HOSPITAL OR INSTITUTION OF STREET ADDRE		•	STREET ADDRESS Davis	(If rural, gi	ve location)	
3. NAME OF DECEASED (Type or Print)	(First) RICHARD	(Middle)	(Last) SMTTH	4. DATE OF DEATH JE		(Day) (Year) 951 19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	Jan. 15.188	9. AGE last birthe		year If under 24 hrs Days Hours Min.
	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Maryland		12. C	CITIZEN OF WHAT
13. FATHER'S NAM			14. MOTHER'S MAIDEN	NAME		
	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)		Mr. Thomas Smit	ADDRESS	ring Driv	ville, Md.
-		18. MEDICAL CE			1	
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	1	-/		INTERVAL BETWEEN ONSET AND DEATH
1420 I Immediate		oronary 81	struction	(occu	iscon/	7-2000
93 Diseases or of chains rise to	onditions, if any, (b) the above cause anderlying cause last	ardivaso	ular ha	lasi		
Conditions contribu	(c) ICANT CONDITIONS uting to the death but not use or condition causing deat	h.				
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION				20. AUTOPSY? Yes No No
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?		
22. I hereby cert			, 195/, to 1/9/	, 195 , tl	nat I last say	w the deceased
alive on	9 , 1957, an	d that death occurred at	ADDRESS from the	causes and on	the date stat	ted above. DATE SIGNED
Am. E.	Marty ATION DATE THEREO	m. W. Va	estallatoro	OCATION (City,	mo	1 1/9/57
23. BURIAL, CREM REMOVAL (Spec Burial	LOCAL CALGISTRARS	Loudon Par	1	Balto.,	Md.	ADDRESS
REG. / 9/	51 /m. E	Martin	12km. Fich	ener Vs	no- a	Sallo
//			V	500	2416	mia.



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0299

Reg. Dist. No. 30

1. PLACE OF DEATI	1.		2. USUAL RESIDENCE (
Raltimor	'e	MARYLAND	STATE Maryland	COUNT	Y
CITY (If outside co	orporate limits, write RUR	AL and LENGTH OF STAY	CITY (If outside corpor	ate limits, write RURAL and gi	ve nearest town)
OR give nearest		(in this place)	TOWN Baltimon	re	
HOSPITAL OR			STREET	(If rural, give location)	
INSTITUTION OF	ss Spring Grove	State Hospital	ADDRESS 2505	N. Charles Stre	et /
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	HARRY	BATES	SOPER	DEATH Jan.	24 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If under	1 year If under 24 hrs
Male	White	WIDOWED, DIVORCED, (Specify) Single	Jan. 23, 1879	72 yrs. Months	Days Hours Min.
10a. USUAL OCCUP.	ATION (Give kind of work	10b. KIND OF BUSINESS OB	11. BIRTHPLACE (State		2. CITIZEN OF WHAT
done during most of w	rorking life, eyen if refired)	Ranking Returns	Paltimore	Maryland	COUNTRY?
13. FATHER'S NAM	E	Danking	14. MOTHER'S MAIDEN	NAME	U. S.
Francis A	Sanar .		Clara Bate		
15. WAS DECEASED E	Soper VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS	
	(If yes, give war or dates (service)	of		rds, Catonsville,	28. Md.
		18. MEDICAL CE		0.0000000000000000000000000000000000000	
I DICEACEC OF CO	NDITIONS DIRECTLY	I PADING TO DEATH			INTERVAL BETWEEN
I. DISEASES OR CC	NDITIONS DIRECTLI	LEADING TO DEATH			ONSET AND DEATH
Immediate	0 001190 (8)	Cachexia			
	e cause (-)			0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	*****************************
422, / Anteceder	it cause(s)	T-111 - 1 1 1 1			
Diseases or of ving rise to	conditions, if any, (b)	Inition and dehyd	ration		
13 de stating the u	nderlying cause last				-
the fact of the last	(c)	Arteriosclerotic	cardiovascular	disease	1
II. OTHER SIGNIFI	CANT CONDITIONS				
	se or condition causing deat	h.			
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No 🗆
21. ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) (COUNTY)	
SUICIDE HOMICIDE	OF INJU	office hldg., etc.)			
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	****
OF INJURY	m.	While at Not While Work			
22. I hereby certi	ify that I attended the	e deceased fromJan8	, 1951, toJan	21, 1951., that I last a	aw the deceased
SIGNATURE	124, 1951., an	d that death occurred at (Degree or titie)	ADDRESS	causes and on the date st	ated above. DATE SIGNED
SIGNATURE	2 10	(Degree of thirty	2		DATE SIGNED
Il Moule	terine Ho	ce 40 Mp	wir Devel	It sook	1-24-51
23. BURIAL, CREM	ATION LOATE THERE	OF TNAME OF CEMETE	RY OR CREMATORY 1	LOCATION (City, town, or coun	
REMOVAL (Spec	ily)	/53 Loudon			(
DATE REC'D/BY			CALK	Baltimore, Md.	The state of the s
	LOCAL REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTO	R	ADDRESS/
REG. (/2.4	LOCAL REGISTRAR'S	W. Lesus.	24. FUNERAL DIRECTO	redoner & Sus	ADDRESS/

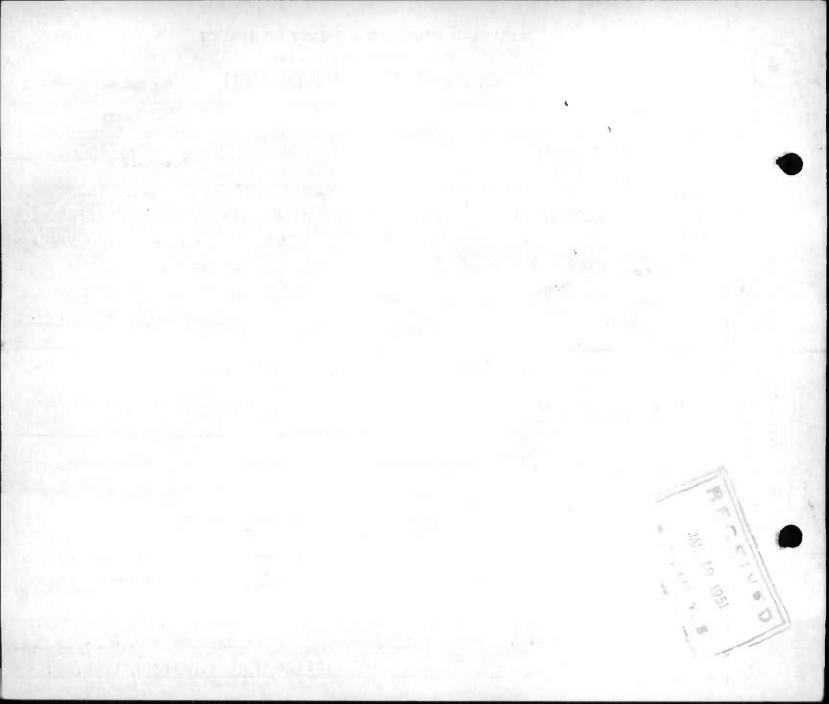
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

250 936

1. PLACE OF DEATH			2. USUAL RESIDENCE (H	OME) OF DECEASED.	NTV		
Ba	altimore	MARYLAND	STATE Maryland Baltimore				
CITY (If outside co OR give nearest TOWN REIS	orporate limits, write RUR. terstown	AL and LENGTH OF STAY	CITY (If outside corporation or Town Reiste:	te limits, write RURAL ar	d give nearest town)		
HOSPITAL OR INSTITUTION OF STREET ADDRESS	s 54 Main S		STREET ADDRESS 54 Ma:		n)		
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)		
DECEASED (Type or Print)	William		venson	OF DEATH Jan. 14	,1951 19		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	. AGE last birthday If u	nder 1 year If under 24 hrs.		
Male	White	WIDOWED DIVORCED, (Specify) Laffled	March 9,1882	68 yrs. Mo	nths Days Hours Min.		
10a. USUAL OCCUPA	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT		
don Rerusines d'	rorking life, even if retired). Puty Reg.	Ister Wills	Reisterstown		COUNTRY?		
13. FATHER'S NAM	E		14. MOTHER'S MAIDEN	NAME			
George	H. Stevenson		Levia A.Get	tier			
15. WAS DECEASED EV	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY No.	17. INFORMANT				
(Yes, no lot unknown)	(If yes, give war or dates of ervice) NONE	None	Viola K.Steve	enson, Reiste	rstown, Md.		
		18. MEDICAL CE	RTIFICATION				
I DISEASES OF CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN		
i. Diseases on Co					ONSET AND DEATH		
Y	(a)	Pulmonary	Invercula	sis	3 wrs		
Immediate	e cause (=/			***************************************			
	it cause(s)						
Diseases or o	conditions, if any, (b)		• • • • • • • • • • • • • • • • • • •	: 100 V c c 1 0 0 c c c c c C c c c c c c c c c c c c			
giving rise to	nderlying cause last						
scaulig the u	(c)						
II. OTHER SIGNIFI	CANT CONDITIONS						
Conditions contribu	iting to the death but not se or condition causing deat	b. non	e.				
19a. DATE OF OPE	RATION 19b. MAJOR I	INDINGS OF OPERATION			20. AUTOPSY?		
-	more				Yes No R		
21. ACCIDENT		CE (Home, farm, factory, street,	(CITY OR TO	OWN) (COUN			
SUICIDE HOMICIDE	W. OF INJU	office bldg., etc.)					
TIME (Montb)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCC	UR?			
OF INJURY	none m.	While at Not While Work At work	rone.		•		
22. I hereby certi	ify that I attended the	e deceased from 1-8-	, 1948, to 1-14	, 195/, that I la	st saw the deceased		
	12						
alive onZ.	-/3 , 199/., an	d that death occurred at (Degree or title)	ADDRESS	causes and on the dat	e stated above. DATE SIGNED		
					DATE SIGNED		
2. 2. Cap	plus	m.D.	Reisterston	on md.	1-15-151		
23. BURIAL, CREM.			RY OR CREMATORY LC				
REMOVAL Spec	Ify) Jan. 17.	1951 Reistersto	wn Methodist	Reisterstown	n.Md.		
DATE REC'D BY		SIGNATURE .	24. FUNERAL DIRECTOR	1	ADDRESS		
REG.	- 1	19 21.					
1-16-	REG. 1-16-51 Mary S. Zing. J.F. Eline & Sons, Reisterstown, Md.						



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No

Frederick Ave. Balto. Md

Fort

Ave. Balto. Md.

5501

I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY Maryland MARYLAND Maryland CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town)
TOWN FORT HOWard (in this place) Baltimore TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS STREET ADDRESS Vets. Adm. Hosp. Ft. Howard. Md. 1300 Andre St. (Middle) 4. DATE 3. NAME OF (First) (Last) (Month) (Day) (Year) DECEASED NMI)
7. SINGLE, MARRIED,
WIDOWED, DIVORCED, JESSE Jan. 9 (Type or Print) DEATH 1951 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hrs. Montha ! Days | Hours | Min. 11-24-13 Male white (Specify) married 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even If retired) INDUSTRY COUNTRY? St. Louis Mo. stevedore USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anthony Stupinski Helen Wotzleska 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If yes, give war or dates of Clinical Rec. Vets.Adm. Hosp. Ft. Howard. Md. 222-07-0417 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Acute Hepatitis 3 wks. Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b). giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No 🗆 21, ACCIDENT PLACE (Home, farm, factory, atreet, (CITY OR TOWN) (COUNTY) (Specify) (STATE) SUICIDE office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? Not While While at INJURY Work At work | 22. I hereby certify that Lattended the deceased from Jan. 8 _____, 19.51 ., to Jan. 9 _____, 19.51 ., that X last tank the deceased to alive and the causes and on the date stated above. SIGNATURE (Degree or title) relman mount 1-9-51 IRVING PREEMAN. M.D. ACTING CHIEF MEDICAL SERVICE VAH FT. HOWARD MD. 23. BURIAL, CREMATION REMOVAL (Specify) Burial LOCATION (City, town, or county) DATE THEREOF NAME OF CEMETERY OR CREMATORY

Balto National Cemetery

24. FUNERAL DIRECTOR

Mrs. Chas. Stevens 1501 E.

1-12-51

REGISTRAR'S SIGNATURE

WRITE

PLEASE

DATE REC'D BY LOCAL

REG.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

OBICI IF IOILI	E OF DERIII Reg. Dist. N	ło
I. PLACE OF DEATH- COUNTY Parkville MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	ry parkvilk
CITY (If outside corporate limits, write RURAL and OR give nearest town) Baltimore (in this place)	CITY (If outside corporate limits, write RURAL and g OR TOWN Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3006 Putty Hill Avenue	STREET ADDRESS 3006 Putty Hill A	venue
3. NAME OF (First) (Middle) DECEASED (Type or Print) Frances T. Sumw	(Last) 4. DATE (Month) OF DEATH Jan.	(Day) (Year) 15 19 5
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Special COWED)	8. DATE OF BIRTH 9. AGE last hirthday If unde	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LUNDUSTRY 10b. Kind of Business or Industry	Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAÎDEN NAME	
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. John Nolan, 3006 Put	ty Hill Av
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	is mouthing.	ONSET AND DEATE
191 × Immediate cause (a)	- TI NI	
Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause	or flyfe thusen a	
stating the underlying cause last (c) Mybraditie .	Epsthelionia Scalp.	apaut 10 hors.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes O NOP
21. ACCIDENT. (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY OCCURRED While at Not While At, work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from ully 10	1950, toler 15, 1951, that I last	saw the deceased
alive on the 1.7, 1951, and that death occurred at (Degree or title)	ADDRESS ADD	tated above. DATE SIGNED
23/BURIAL CREMATION DATE THEREOF NAME OF CEMETE: WEMOVAL (Specify) 1/18/51 New Cath	RY OR CREMATORY LOCATION (City, town, or counderl Baltimore.	nty) (State)
DATE REOD BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS
1 / Marin Transfer	Leonard J. Ruck, 5305 Hari	fordRoad.
		17

Dr. Scheurich

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FI	PTI	FIC	ATE	OF	DE	ATH

. CERTIFICAT	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH Jalturore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For new) orn intents give residence of mother)
(If outside city or town lingue, write RURAL and give nearest town)	State State Sounty Solfwork
How long in above place of death?	City or town (If outside city or cost limits, write RURAL and give generat town) Street No. 300 Owly M. (If rurel, give LOCATION)
How long in hospitat or institution?	2.(a) if veteran, name war
3. (a) FULL NAME Anest. Jimas	3. (b) Social Security Number
4. Sev 5/ 5/ 5/ 5/ 5/ 60 or of face 6. (a) Single, married, widowed for divorced	20. DATE OF DEATH 200 2/7 4/ 19.5 / 21 7 1.
S.(b) Name of husband or wife	21. L CERTIFY that doubt occurred on the date above stated; that I attended deceased from
7. Birth date of	10.5 / 10 fan J 19.5
deceased (mo., day, yr.) Nov. 13. 1867	Immediate cause of death
8. AGE: Years Months Days It less than one day	A Detail I of Heart 30 day
9. Birthplace // Soos Caury Falls (Is // (Town/county, and state)	Due to. Old Age
10. Usual occupation	Due to
E 12. Name July Jimanue	Dither conditions
14. Maiden name Mary Frances Co-	(Include pregnancy within 3 months of death)
15. Birthplages Stotle Co. Med.	Major findings of operations
16. Informant Dr. Lytym & Mymark	Autopsy results
Address Le berly Heights Wel	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal, Whole) pate thereof (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemelers or crematory Mr Otive Dewetery	Whers did injury occur?
Location / ausallytour, Gallo Co. Phis	injured at home, farm, industry, public place (where?)
18. Funeral director Frillis Lauroreau	Mssns of Injury Injured at work?
Address 4510 Liberty Heights are	03 SIGNATURE Q. C. Survey
19. (Date/rec'd by/registrar) 19.57 Registrar	Address of 509 Selectly Hg - Date signed fam 3.8

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03114

Reg. Dist. No. 31

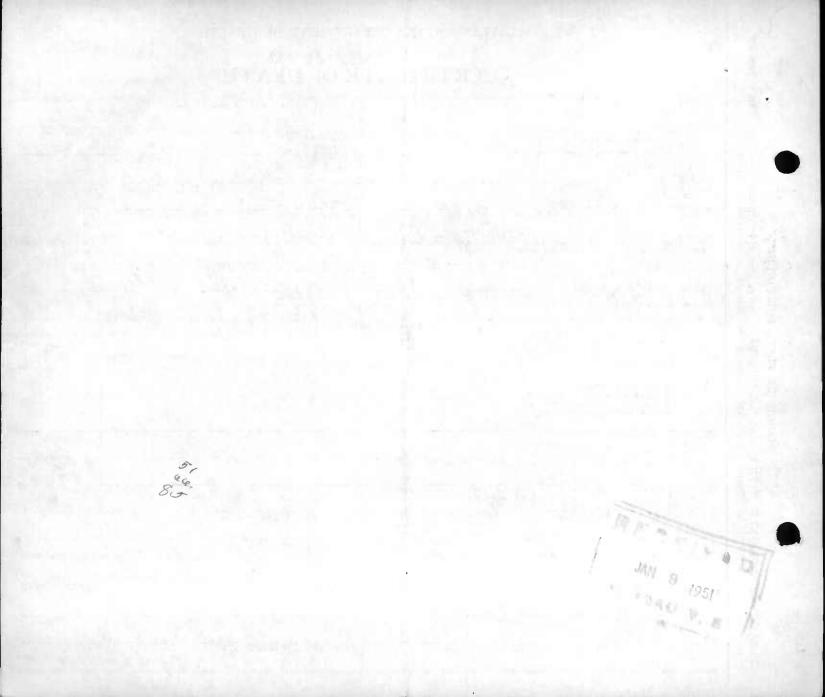
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	w A Mt ·
Dallo MARYLAND	The day care	Y Ballimore
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place)	CITY (If outside copporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3 Northwool Drine	STREET ADDRESS Northwood Ar.	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Charles Spencer.	Tracey DEATH /	.5 195
5. SEX Male 6. COLOR OR RACE 7. SINCLE, MARRIED, WIDOWED, DIVORCED, (Specify) WARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE iast birthday If under Months	or 1 year If under 24 hr B Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry In	11. BIRTHPLACE (State or foreign country)	COUNTRY? 1,54
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Samuel S. Iracly	Mary A. Driver	n
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SECIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT	11. 1
(Yes, no, or unknown) (If yes, give war or dates of 218-05-7920	Mrt Janue / racles, linous	um, ma
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Coron as	el Ihrombosea	4600
Immediate cause (a)		
720, Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	<i>f</i>	
(c)		1
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 19 3.6, to	saw the deceased
alive on 1/5- 1957, and that death occurred at	9 43 m. from the causes and on the date st	tated above.
alive on	ADDRESS	DATE SIGNED
Wilmer E. Eusor M.	9 1/3	5/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	ERY OR CREMATORY LOCATION (City, town, or count	lo Co. Will
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	L. COUDERAL DIRECTOR SARbus,	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

correct age

The

VS. A15



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

The 1. PLACE OF DEATH-2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY Balto. Balto. MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) of information carefully death clearly and legibly. OR givo nearest town)
TOWN (in this place) TOWN westers HOSPITAL OR STREET ADDRESS 923 Arran INSTITUTION OR STREET ADDRESS 923 Arran Rd. 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED HENRY WILLIAM TULLY OF Jan. 23, 51 DEATH (Type or Print) 19 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W1 d owed 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX 9. AGE iast hirthday If under 1 year |If under 24 hrs. Months Dave Hours | Min. male white Aug. 27, 1898 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY CONTractors COUNTRY? Maryland Supply every item write the causes of 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Winifred A. Flanigan Wm. H. Tully 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of service) 215-01-7410 Mrs. Wm. Sullivan - 923 Arran Rd. 18. MEDICAL CERTIFICATION MARGIN RESERVED INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH INK. ARTERIO SCL BRO SIS. Immediate cause Antecedent cause(s) (CHR. INTERSTIF ML NEPH . UNFADING t. Physicians: Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 13/0 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION WITH important 20. AUTOPSY? Yes [No [21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) SUICIDE office bidg., etc.) HOMICIDE INJURY PLAINLY, is especially TIME (Month) (Day) (Year) INJURY OCCURRED HOW DID INJURY OCCUR? (Hour) While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from /2-20, 1950, to 1-23, 1951, that I last saw the deceased A. m., from the causes and on the date stated above. WRITE and that death occurred at..... SIGNATURE (Degree or title) DATE SIGNED BURIAL, CREMATION PLEASE DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) Balto., Md Moreland Mem. Pk. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

A15 i

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MARYLAND STATE DEPARTMENT OF HEALTH

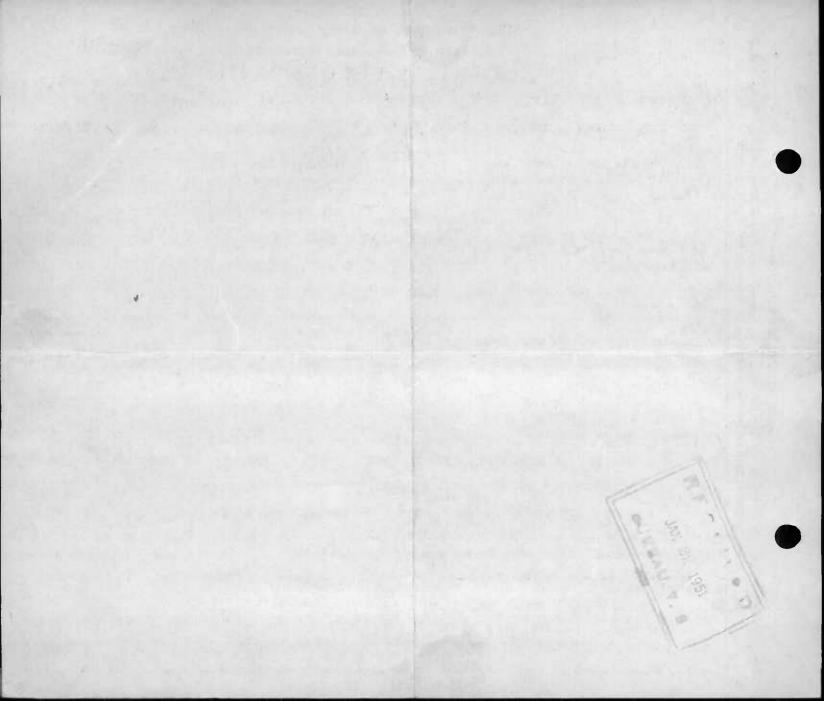
2411 N. Charles Street, Baltimore

0306

CERTIFICATE OF DEATH

Reg. Dist. No. 30

COUNTY BOLD MARYLAND	STATE COUNTY
CITY (Woulside corporate limits, write RURAL and 1 LENGTH OF STAY	CITY (Il outside corporate limits, write RURAL and give nearest town)
OR give nearest town (in this place)	TOWN Catournille
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS House in the lines	ADDRESS 24 Thentoura
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Buck a lux	cleurord. DEATH garmay 17 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIODVERD, DIVORCED, (Specify) M QUARTED	8. DATE OF BIRTH 9. AGE last hirthflay If under 1 year If under 24 hrs. Months. Days Hours Min.
10a. USUAD OCCUPATION (Give kind of work done during most of working fife, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
almeron underwood.	P
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If year, give war or dates of service)	min margorie traderwood.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
163 Immediate cause (a) Correin of the	6-12 months
Antecedent cause(s)	
Diseases or conditions, if any, (b)	
giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	andervoiseller desire 5 ye +
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No F
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office htdg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY m. While at Not While Work At work	
22. I hereby certify that I attended the deceased from	1. 45 P.m., from the causes and on the date stated above.
SIGIALOW	Prestar It Belt . L. Ind 20 Jan 51
Demoval (Specify) //20/5/02/04	Jank Paltolity Mg
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. (-20-5/	THE HALL YOUNGERS
	042246



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0307

CERTIFICATE OF DEATH

Reg. Dist. No. 3/

1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.			
Daltlmore MARYLAND	STATE Maryland COUNTY Baltimore			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN WOOLLAWN O'VIS.	CITY (If outside corporat OR TOWN Woodlawn	e limita, write RURAL	and give nearest town)	
HOSPITAL OR	STREET ADDRESS	(If rural give locat	ilon)	
STREET ADDRESS 2100 Northland Road	2100 No	orthland Road		
3. NAME OF (First) (Middle) DECEASED (Type or Print) Wylette King Van Rhyn	(Last)	4. DATE (Mont OF DEATH Jan.	(Day) (Year) 17, 1951 19	
female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	June 28, 1884	66 yrs.	f under 1 year If under 24 hrs. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business of Industry 10cus ewil 1 e	11. BIRTHPLACE (State or foreign country) Virginia 12. CITIZEN OF WI			
I3. FATHER'S NAME	14. MOTHER'S MAIDEN I	NAME		
Lucian L. King	Henrietta O.	Gibson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT			
service)	Mrs. Charles M.	Stumpner, 2	2100 Northland Re	
18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATE	
Immediata cauca (a) Caremona	, nacht be	east-	2 000	
Immediate cause (a) Causimonia	post borner from a series and			
Antecedent cause(s)				
Diseases or conditions, if any, (b) giving rise to the above cause that ing the underlying cause last	000000000000000000000000000000000000000	350 50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
stating the underlying cause last				
(c)				
	lunia			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?	
			Yes No	
21. ACCIDENT (Specify) PLACE (Homo, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TO		UNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCC	UR?		
	26	7 1		
22. I hereby certify that I attended the deceased from July	26 19.5.0, to Jaka.	, 192, that I	last saw the deceased	
alive on John 1957, and that death occurred at	ADDRESS from the c	auses and on the da	ate stated above. DATE SIGNED	
	8 Edmondson Wills	age		
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 1 - 20 - 51 Woodlawn		CATION (City, town, o	or county) (State)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	1 24. FUNERAL DIRECTOR		ADDRESS	
REG. 1-19-51	John O.Mitchell	& Sons, Inc	1900 Eutaw Place	
Ilr. McLauchlin	VM/13 MALA	Leff Be	timore, Md.	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

13118 43 Reg. Dist. No. 43

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	,
COUNTY BALTO MARYLAND	STATE NO POINTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) ON Give nearest town Over lea	CITY (If outside corporate limits, write RURAL and give OR TOWN OVEN / C	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS /3. Belinda Ave	STREET (If rural give location) ADDRESS ABelinda AV	
3. NAME OF (First) (Middle) DECEASED (Type or Print)	(Last) 4. DATE (Month) OF DEATH OF DEATH	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wid o W & C	8. DATE OF BIRTH 9. AGE last birthday If under Months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Siverne Carley	Rachael PelubeT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT	STON Pa
aervice) // o	1 Farl Fisher 17 & Washington	Blyd
18. MEDICAL (CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	4/	ONSET AND DEATH
Cerebral	Hereweliaca	4 closes
Immediate cause (a)		
Antecedent cause(s)	or terioseles tie heart deserie	15 yrs.
Diseases or conditions, if any, (b) giving rise to the above cause	011010010000000000000000000000000000000	0
stating the underlying cause last		
(e) II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
11-44		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work	Λ	
	4 51 64 8 51	
22. I hereby certify that I attended the deceased from		aw the deceased
alive on 198 and that death occurred at	9:40 /4. m., from the causes and on the date sta	ted above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
R'dam gruns M.D.	6232 Below Rd. Jan	1811951
REMOVAL (Specify)	TERY OR CREMATORY LOCATION (City, town, or county	y) (State)
Burial		ADDDESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE.	Lassalm Juneval Home 1401 Below	ADDRESS
		- Wat 15

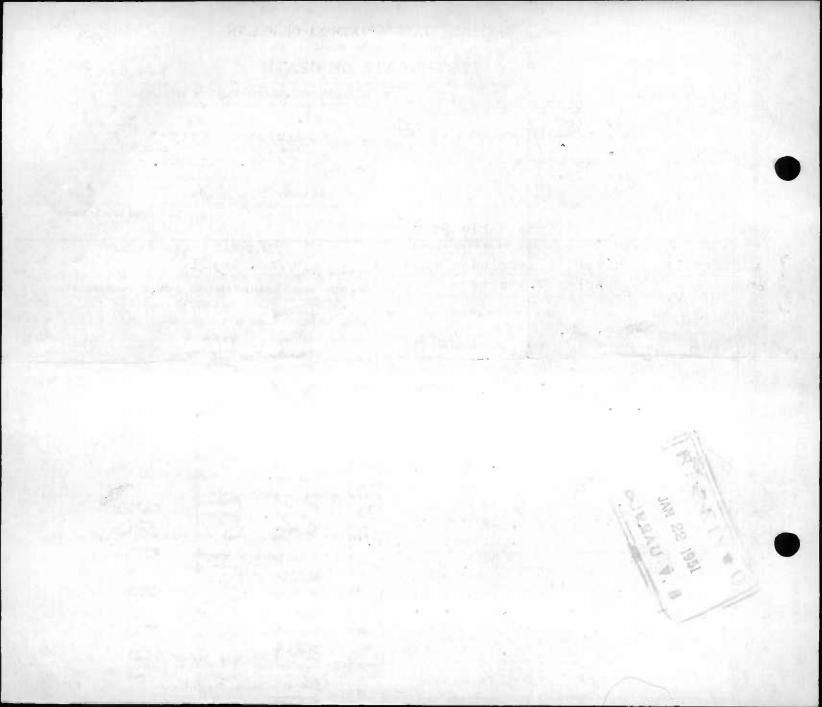
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?				City or town Baltimore City (If outside city or town limits, write RURAL and give nearest town) 3217 St. Paul St.		
244 Glenn	nore #ve	•		2.(a) if veteran, neme war		
How long in hospital or li	nstitution?					
3. (a) FULL NAME		Anna	Marie Wagner			
4. Sex Female	White		e, married, widowed, or divorced	MEDICAL CERTIFICATION Jan. 18/51		
Charles W. Wagner 6.(b) Name of husband or wife 6.(c) If allve, give age yeare 7. Birth date of deceased (mo., day, yr.) Jan. 29, 1875			e) if alive, give ageyeare	21. I CERTIFY that death occurred on the date above stated; that attended deceased from 15 to 16 to 18		
8. AGE: Yeers Months Daye If less than one day			If less than one day	Immediair ruse of death Car Car Oro Vas. Disease 54		
8. Birihplace Baltimore, Md. 10. Usual occupation. 11. Industry or business Own Home			itate)	Due 10 At Trus Selevons		
11. Industry or susiness 12. Name James Concannon 13. Birthplace 14. Maiden name Unknown 15. Birthplace 16. Birthplace 17. Industry or susiness 18. James Concannon 19. James James James Concannon 19. James J				Other conditions 4.4.3 × 93 (Include pregnancy within 8 months of death) Major findings of operations Date of op.		
16. Informant 244	Joseph Glenmor	Tull e Ave	,(daughter) .Catonsville,4	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial (Burial, cremation, or removal, Which?) Cemetery or cremators to Mary's Cemetery				22. VIQLENCE: If death was due to external causes, fill-in the following; Accident, euicide, pr homicide		
Homewood Ave Govans Balto Md. 18. Funeral director			s Balto.Md. Wiffe e.	Meens of Injury Injured at work?		
19. 1-19. (Date ree'd by registrar) 19. Registrar				23. SIGNA THE M. D. or other M. D. or other 9		



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2411 N. Charles Street, Baltimore

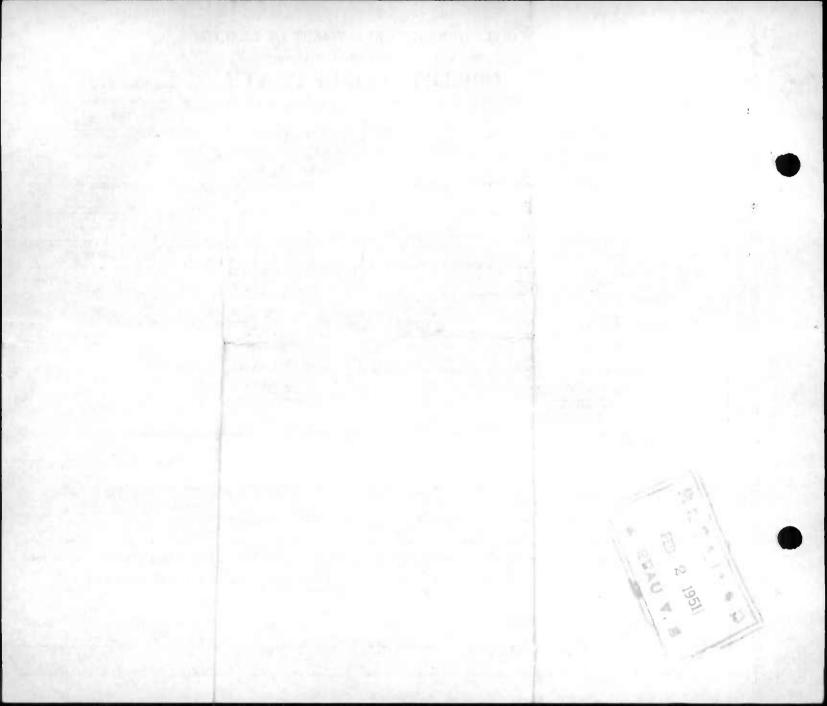
CERTIFICATE OF DEATH

Reg. Dist. No. 33

I. PLACE OF DEATH.		2. USUAL RESIDENCE (I	HOME) OF DECEAS	SED. COUNTY	8.11-
Salumore	MARYLAND	mo			robbers.
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN	LENGTH OF STAY	CITY (If outside corpor OR TOWN	action white RUI	tal and give	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS 24	(If rural give	Joeanion)	
3. NAME OF (First) DECEASED (Type or Print) Deury Oorn	(Middle)	C Olott	4. DATE (OF DEATH	Month)	(Day) (Year) 26 195
5. SEX 6. COLOR OR RACE 7. SI WII	NGLE, MARRIED, DOWED, DIVORCED, Specify)	8. DATE OF BIRTH	9. AGE last hirted	Months	year If under 24 h
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR USTRY	11. BIRTHPLACE (State of	or foreign country)	12.	CITIZEN OF WHAT
13. FATHER'S NAME Wallett	7	Rockel Qu		ulms	4
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY No. 16-22-78608	17. INFORMANT	sea Wal	lett	1,
	18. MEDICAL CE	RTIFICATION			INTERVAL BETWEE
I. DISEASES OR CONDITIONS DIRECTLY LEAD	ING TO DEATH				ONSET AND DEAT
Immediate cause (a) Can	gina Poot	Tris + Chrom	e myocar	ditis	5yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	stinal Ins	fluenza			3 week
93 d stating the underlying cause last (c)	ronia Ort	luitis			20 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.	XXX				0
19a. DATE OF OPERATION 19b. MAJOR FINDI	NGS OF OPERATION				20. AUTOPSY?
XXX	. 44				Yes No
	ome, farm, factory, street, e bldg., etc.)	(CITY OR	TOWN)	(COUNTY)	(STATE)
	JRY OCCURRED > Control of the contro	HOW DID INJURY OF	CUR?		
22. I hereby certify that I attended the dece	eased from Jam 8	, 1951, to Jan	26, 1951, the	at I last sa	w the deceased
alive on 225, 195, and tha	//	2	causes and on th	ne date sta	ted above.
Byril E. Foros	le gra.	repperso	1	gas	w26-1951
23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify)	151 V/u	cutou &	Carlon (City, to	wn, or county	na
DATE REC'D BY LOCAL REGISTRAR'S SIGN	ELine'	clev Chile	ra, Ha	who	ADDRESS N

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

MARGIN RESERVED FOR BINDING



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH			2. USUAL RESIDENCE (I		TIME
COUNTY	Baltimore	MARYLAND	Maryla	nd Co	UNTY
	orporate limits, write RUR.		CITY (If outside corpor	ate limits, write RURAL a	nd give nearest town)
OR give nearest	Fort Howard	51 days	OR TOWN Baltim		
HOSPITAL OR	TOTO HOWATA	21 00 43	STREET	(If rural, give locati	on)
INCOMPRESSION OF	Tot Adm Hoen	.,Ft.Howard, Md.		oodbourne Aven	
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month	(Day) (Year)
(Type or Print)	JAMES	M.	WARD	DEATH Janu	1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH		under 1 year If under 24 hrs.
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8-18-89	61 yrs. M	onths Days Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	r foreign country)	1 12. CITIZEN OF WHAT
done during most of w	orking life, evon if retired)	INDUSTRY	Baltimore, N		COUNTRY? USA
13. FATHER'S NAM		na Parlemany	14. MOTHER'S MAIDEN		1 0022
James War	- //		May Healey	24220233	
		? I 16. SOCIAL SECURITY NO.			
(Year, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates		17. INFORMANT AND		
Yes	service) WW T	" 215-24-6363	Clin.Rec., Vet	.Adm.Hosp.,Ft.	Howard, Md.
		18. MEDICAL CE	RTIFICATION		
1. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
11 2222110220 011 00					
Immediate	e cause (a)	CARCINOMA OF THE S	STOMACH WITH MET	ASTASES TO LIV	TER 4 months +
100 1V	4 (-)				
/5 /X Anteceden	onditions, if any, (b)				
giving rise to	the above cause nderlying cause last		***************************************		
H6 stating the u	nderlying cause last				
1 0 00	(c)				1
	CANT CONDITIONS				
	se or condition causing deat				
19a. DATE OF OPE	RATION 196. MAJOR I	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No K
21. ACCIDENT		CE (Home, farm, factory, street,	(CITY OR)	rown) (cou	
SUICIDE HOMICIDE	OF	office bidg., etc.)			
TIME (Month)		INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY		While at Not While Work ☐ At work ☐			
INJURI	m.	WORE AC WORE			
29 I hereby certi	ify that Wattended the	deceased from Nov. 15	19 50 to Jan.	5 1951 XXXXXXX	AND
MaryexonX X X X	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	d that death occurred at	:30 A . m. from the	causes and on the da	te stated above.
SIGNATURE)	(Degree or title)	ADDRESS		DATE SIGNED
THUT ING H	REEMAN, M. D.,	ACTING CUTER MET	TOAT CEDUTOEC	TATE TOWN IT ORKAT	ח זה ז ל לז
23. BURIAL, CREMA		ACTING CHIEF, MEI	RY OR CREMATORY I	OCATION (City, town, or	
REMOVAL (Special					
		New Catherdr	al Cemetery	Baltimore, Man	ryland
DATE REC'D BY I			24. FUNERAL DIRECTO		ADDRESS
1/8/3	51 4.4	· sellich	Leonard Ruck	5305 Harford H	Road
7 7		1 /	010001	Baltimore, Mai	ryland
/		41	763926		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

Mulie White

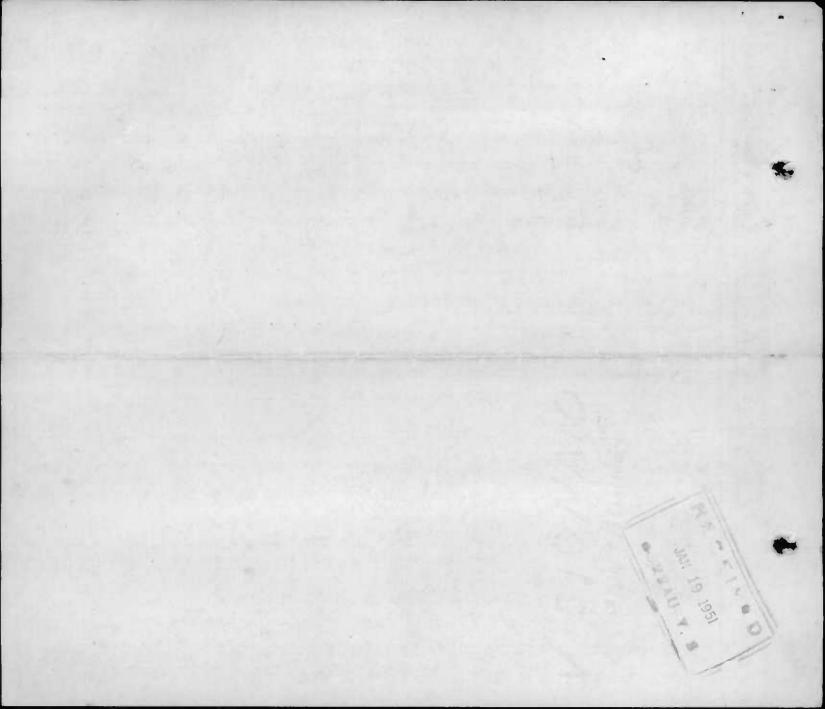
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

0312

leg. Dist. No. 33

1. PLACE OF DEATH COUNTY	I.		2. USUAL RESIDENCE	(HOME) OF DECEASE	D. COUNTY
Balt		MARYLAND	368		Ralto
OR give nearest	orporate limits, write RURA town) Sterstown	AL and LENGTH OF STAY (in this place)	II OR	orate limits, write RURA	L and give nearest town)
HOSPITAL OR			STREET	(If rural, give loc	eation)
INSTITUTION OF STREET ADDRESS	SS		ADDRESS Deligh	t & Nicodemus	Rds.
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Mo	
DECEASED (Type or Print)	NELLIE	GRANT WHITE		OF DEATH J	an. 12, 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH		If under I year If under 24 hrs. Months Days Hours Min.
done during most of w	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Balto. Co.		I2. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAM	Ē	At Home	114. MOTHER'S MAIDE	N NAME	USA
Lawrence	Rice			Unknown	
	ER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17. INFORMANT	OTTALIONII	
(Yes, no, or unknown)	(If yes, give war or dates of service)	None	Mr. E. E. Wh	ite Same a	1-
[0.0]	1001	18. MEDICAL CE		The Daile a	s above
1 DISPASES OF CO	NDITIONS DIRECTLY				INTERVAL BETWEEN
I. DISEASES OR CO	NDITIONS DIRECTLY		- 5		ONSET AND DEATH
5/ A Immediate	CRUSE (8)	terronary a	artery D	rease	1/2
260X		Euronary a	0.00 /10.		
Anteceden Diseases or o giving rise to	onditions, if any, (b) the above cause	Hyperlener	e E-V. Di	clase	2 y 25
stating the u	nderlying cause last	Anabetes			3 yrs.
II. OTHER SIGNIFI					
	ting to the death but not se or condition causing deat	h. Trong.			
		INDINGS OF OPERATION			20. AUTOPSYT
	none.				Yes 🗆 No 🔣
21. EXTERNAL CAU PRIMARY □ OR CO CAUSE OF DEATH	USE WAS PLANTRIBUTING OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	(Control (Co	OUNTY) (STATE)
	(Day) (Year) (Hour)	INJURY OCCURRED While at Not while	HOW DID INJURY O	CCUR?	
INJURY	non m.	work at work	from.		
obtained by said	d Autopsy, Inspection or	ins described above, held an A Inquiry, find that said dece], suicide □, homicide □, (Degree or title)	ased died on the dry sta	X, Inquiry X thereceted above, and death	on and from the evidence in my opinion resulted
2 0 V	1 Depri	5 -	0	.). /	
A. A. Ge	ATION DATE THEREO	yam M.D.	RY OR CREMATORY		1-12-51
23. BURIAL, CREM REMOVAL (Spread Burial	1/15/5			Baltimore,	or county) (State)
DATE REC'D BY I	LOCAL REGISTRAR'S		24/ FUNERAL DIRECT		Balto mid



carefully.

of information c Supply every item write the causes of INK. PLAINLY, WINE UNFADING sespecially important. Physicians:

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

35

Reg. Dist. No.

I. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN give nearest town) (in this place) Baltimore TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS Towson Convalscent Home 302 Tunbridge Rd. STREET ADDRESS 3. NAME OF (Middle) 4. DATE (First) (Last) (Month) (Day) (Year) DECEASED WHITESCARVER May Field DEATH 195 (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 8. DATE OF BIRTH 9. AGE last birthday | 1f under 1 year | 1f under 24 hrs. 6. COLOR OR RACE 5. SEX Months Days Hours | Min. Dec. 18.1860 (Specify) 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY done during most of working life, even if retired) COUNTRY? Virginia housewif'r 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James G. Field Frances Cowherd 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of James F. Whitescarver. 302 Tunbridge Rd service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Immediate cause 3 Antecedent cause(s) GENERALIZED ARTERIOSCLEROSSS Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [No [21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (Specify) (COUNTY) (STATE) INJURY HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While At work INJURY Work 22. I hereby certify that I attended the deceased from JULY, 1949., to JAN 4..., 19.5., that I last saw the deceased alive on JAN 4 DATE SIGNED SIGNATURE LOCATION (City, town, or county DATE THEREOF 23 BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) DATE REC'D BY LOCAL 24. FUNERAL DIRE KEGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0314

CERTIFICATE OF DEATH

Reg. Dist. No. 3/

COUNTY R	altimere	MARYLAND	STATE Maryland COUNT	Y Baltimere	
		AL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riderweed		
HOSPITAL OR INSTITUTION OR STREET ADDRES	Didamena Ch	ation	STREET (If rural, give location) ADDRESS Riderwood Station		
3. NAME OF DECEASED (Type or Print)	(First) CHARLES		(Last) 4. DATE (Month) OF DEATH Jan. 23		
5. SEX Male	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWER, DIVORGED, (Specify) MATTI	June 10,1867 9. AGE last birthday If under Months		
done during most of we	TION (Give kind of work briking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Private Employee	Maryland	COUNTRY? USA	
is. FATHER'S NAM! Clark Wil	.ey		Mary Elizabeth McCleary		
15. Was Decrased Ev (Yes, no, or unknown)	ER IN U.S. ARMED FORCES (If year, give war or dates of service)	7 I6. SOCIAL SECURITY No.	Mr. Oscar Wiley, Towson, Mary	land	
I. DISEASES OR CO	NDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH	
Immediate		Coronary	Occlusion	3 colle.	
1// giving rise to	onditions, if any, (b)	htuis-telu	on & Hypotenning	un.	
II. OTHER SIGNIFIC	nderlying cause last (c)		٠٧	90 00 00 00 00 00 00 000 000 000 000 00	
19a. DATE OF OPER	RATION 19b. MAJOR I	FINDINGS OF OPERATION		20. AUTOPSY? Yes No	
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR TOWN) (COUNTY	(STATE)	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?		
	ATION DATE (fy) Jan. 26,1	d that death occurred at (Degree or title) NAME OF CEMETE Weisburg Met	RY OR CREMATORY LOCATION (City, town, or counted in the Causes and on the date should be constructed by the counter of the causes and on the date should be constructed by the causes and on the date should be caused and on the date	ntated above. DATE SIGNED 1/24/07. (State) Co., Md.	
		L	263826		

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1315

CERTIFICATE OF DEATH

Reg. Dist. No.

COUNTY		STATE	HOME) OF DECEASI	COUNTY	
Balto.	MARYLAND	Nd.			salto
CITY (If outside corporate limits, write RURAL OR give nearest town)	L and LENGTH OF STAY (in this place)	OR TOWN	tte iimite, write RURA	LL and give near	est town)
HOSPITAL OR INSTITUTION OR		STREET	(If rural, give lo	cation)	
STREET ADDRESS 5121 Rolling	ng 21.	ADDRESS 5/2/ Poll:	ing Pd.		
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (M	onth) (Day	(Year)
(Type or Print) PHELPS		LSON	DEATH J	an. 14,	19 5]
M W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Fidowed	June. 23, 1857	9. AGE last birthday 93 yrs.	If under 1 year Months Days	If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. Kind of Business on Industry Rallroad	Md.	r foreign country)	12. CITI COUNT	ZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Robert Wilson			es Francer		
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of	16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS		
None service)	2	Mrs. Gertrude	A. Pfeiffer	Seme es	ahom
	18. MEDICAL CE	RTIFICATION		1.	
I. DISEASES OR CONDITIONS DIRECTLY L	EADING TO DEATH			ONE	EVAL BETWEEN ET AND DEATH
	Cue are witer		-		
Immediate cause (a)	or was aver	0 300 720	****************************		• • • • • • • • • • • • • • • • • • •
Antecedent cause(s)	INP	1 7 -	abolici to		
Diseases or conditions, if any, giving rise to the above cause	De Rydratin .	due le lu	abolice la	***********	********************************
stating the underlying cause last			1		
(c)	Swellow .			1	
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 					
19a. DATE OF OPERATION 19b. MAJOR FI				20.	AUTOPSY?
	/			Yes	No []
21. ACCIDENT (Specify) PLACI OF HOMICIDE INJUR	E (Home, farm, factory, street, office hidg., etc.)	(CITY OR T	OWN) (C		(STATE)
TIME (Month) (Day) (Year) (Hour) 1	INJURY OCCURRED	HOW DID INJURY OC	CUR?		
	While at Not While Work At work				
		- 5			
22. I hereby certify that I attended the	deceased from	, 19.55, to	1.4., 19.51, that	I last saw th	e deceased
alive on Jaury, 1951, and	that death occurred at	m from the	causes and on the	data stated	hove
SIGNATURE	(Degree or title)	ADDRESS	cadoos and on one	DA	TE SIGNED
Y = 1 1 1 1 1	1 - L OUI -	CT B.	A m		
23. BURIAL, CREMATION DATE THEREOR	e MANG OF COMPTE		OCATION (City, town	rg. 1-16	
REMOVAL (Specify) Burial 1/17/51	Lorraine C	en.	Woodlawn, M	d.	(State)
DATE REC'D BY/LOCAL REGISTRAR'S S					
REGI 17/61	Mature	Vm. O. Lickner	1 1	Belle no	DRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

290116

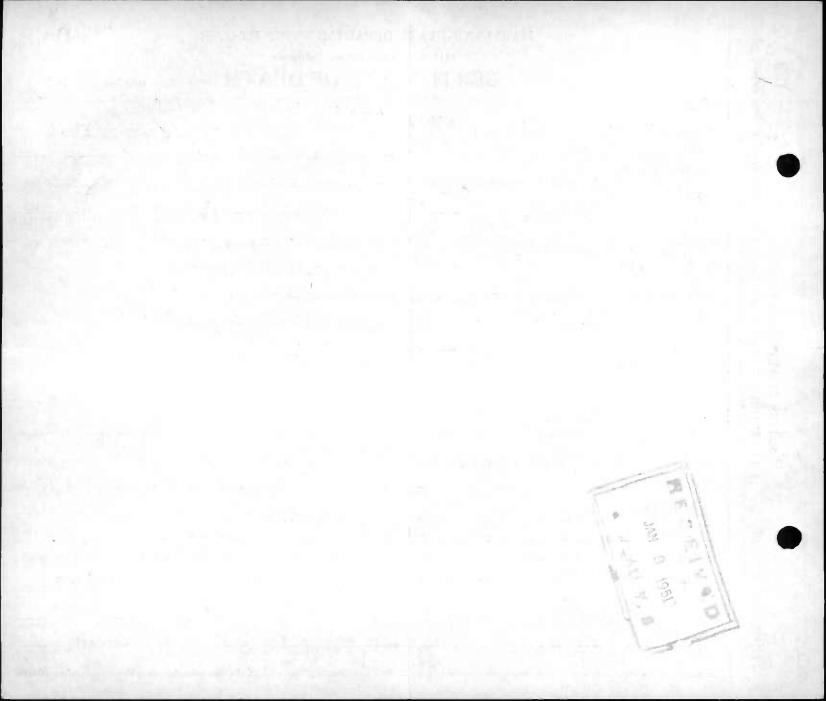
OBITIMION	B OI BEILLII Reg. Dist. N	0
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY BALTIMOTE MARYLAND	STATE ARUL AND COUNT	Ltimoro
OR give nearest town (in this place)	CITY (If outside corporate limits, write RURAL and gi	
TOWN TELSTOWN 1 142,	TOWN ITEISTERSTOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS WESTMINISTER Rd	STREET (If rural give location) ADDRESS WESTMINSTER ROME	1. Route 2
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) LOUIS	WINTERS DEATH VANUARY	6 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WAR FILE	4/27/1879)/ yts.	Deys Hours Min.
dopeduring most of working life, even if retired 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 1	2. CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Christian Winters	meta grothere	
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	Ludwig C. Winters . Reis	terstown, not.
18. MEDICAL CER	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) BRONCAO - PNEUN	NONIA	SDAS
154X Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause	ECTUM	YEAR
46 d stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death. MARKED PRINCIPLE OF CONTRIBUTION AND PRINCIPLE OF CONTRIBUTION.	SCLEROSIS	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No W
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from M.L.K	1050 + / AN/MARY 6 1051 ALAN TILAN	Al - J
11 A/AM/UATU 5 105/ and that death assumed at	4:00 As m from the courses and on the date of	atad abarra
alive on 5, 195, and that death occurred at (Degree or title)	ADDRESS	DATE SIGNED
Martin E. Strokel M.D.	Reisterstown Md.	1/6/51
Martin E. Strokel M.D.	ADDRESS RY OR CREMATORY LOCATION (City, town, or country)	(/6/5/ (State)
Martin & Strobel M.D. 28. BURIAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Society)	RY OR CREMATORY LOCATION (City, town, or coun	1/6/51

VS. A15

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



The correct age

2411 N. Charles Street, Baltimore

2411 N. Charles Street, Datumore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town) OR give nearest town) TOWN MARYLAND LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SAIIIMOKE
HOSPITAL OR INSTITUTION OR STREET ADDRESS HALLEM HORSING HOME	STREET ADDRESS 53, 6. Fox 1 Au 6.
3. NAME OF DECEASED (First) RACE (Middle) (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH (\(\frac{1}{2}\) OF 19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 2.27.1872 9. AGE last birthday If under I year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during finest of working life, even it retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME SAMUEL SENKINS	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) 16. SOCIAL SECURITY No.	Family - Same
18. MEDICAL CER	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
,	ILURE 4days
447 X Antecedent cause(s)	11.200
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last Diseases or conditions, if any, (b)	
II. OTHER SIGNIFICANT CONDITIONS	LeRosis Generalised YOARS
related to the disease or condition causing death. 14/2 12/10 1 2 1/2 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	eROTIC DeMENTIA YCAKS 20. AUTOPSYT
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While et Not While Not While Not While Not While Not Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from // /2 9	, 1957, to, that I last saw the deceased
alive on, 19.5, and that death occurred at	ADDRESS DATE SIGNED
Afth Illiamson is mil.	3534 2 deum dem 672 1/6/57
23. BURIAL, CREMATION DATE REMOVAL Specify) 1. 9. 5. NAME OF CEMETER PRODUCTION OF THE PROPERTY OF THE PROPER	lIVET BAILO.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 95/6/4. (1) - Hellich	Lucs L. Le Carey 130 8. Fort Bus

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0318

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEAT	Bal-timore	MARYLAND	2. USUAL RESIDENCE (H. STATE Maryland	OME) OF DECEAS	COUNTBaltO.
OR give nearest TOWN	orporate limits, write RUR.	L 1 tire this place)	OR Catonsvi	e limits, write RUR	tAL and give nearest town)
HOSPITAL OR	R 230 Glenmon	e Ave.	STREET ADDRESS 230 Gle	(If rural, give	location)
3. NAME OF	(First)	(Middle)	(Last)		Month) (Day) (Year)
DECEASED (Type or Print)	Edwin		odall	DEATH	an. 6/51 19
Male Male	White	7. SINGLE, MARRIED, WIDOWED 1 10 WELD, (Specify) 100 WELD,	Aug. 26,1863	87 yrs.	y If under I year If under 24 hr Months Days Hours Min
done during most of w	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Balto.Md.	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	dall		Amelia	NAME	
15. WAS DECRASED E (Yes, no, or unknown)	ver In U.S. Armed Forces (If yes, give war or dates of service)	? 16. SOCIAL SECURITY No.	Mrs. Mildred	orkman	n,230 Glenmore
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEAT
** DIGITION OF O		A . A 1	,		51.
Immediat	e cause (a)	Cerebral h	emerrhage		paays
Shirl Antonian	nt seven(s)	1 + .	. 0		
Diseases or	nt cause(s) conditions, if any, (b)	TRORED Scle	rosis, Sene	alized	Unknow
1860 giving rise t stating the t	o the above cause inderlying cause last (c)	Sen Asun	, 0	0	
Conditions contribu	ICANT CONDITIONS uting to the death but not use or condition causing deat	n. Senilety . +	racture lets	hip.	Untum
		FINDINGS OF OPERATION	0	Ü	20. AUTOPSY?
				Y	Yes No E
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR TO	OWN)	(COUNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?	
		e deceased from 27 Mars	1, 1950, to Jan 6.	, 19 51, tha	t I last saw the deceased
2	551	d that death occurred at	115 P		
SIGNATURE	0.7.1., 19.7.1., an	(Degree or title)	ADDRESS	causes and on th	DATE SIGNED
terler	Ise Ma	mess MD	Caron	sulla,	Md 1-8-51
BULL 1	dation Date Thereodily) Jan. 9	51 Mt. Olive		CATION (City, to	wn, or county) (State)
DATE REC'D BY			24 FUNERAL ATRECTOR	ck Ave.	ADDRESS
REG. 1/9	1511 a. L). Jackuch :	Harry H. Wietsk	v 4101 E	Idmondson Ave
=======================================		~ /	7		

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH-		2. USUAL RESIDENCE (I	HOME OF DECEMBED.	
COUNTY Baltimere	MARYLAND	STATE Maryland	COU	NTY Baltimere
	ENGTH OF STAY		ate limits, write RURAL and	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Helliday House Nu	rsing Home	STREET	(If rural give location Hill and Burns	
DECEASED	iiddle) NNA Z	(Last) EMAN	4. DATE (Month) OF DEATH Jan. 2	(Day) (Year) 8,1951 19
5. SEX 6. COLOR OR RACE 7. SINGL	E, MARRIED, PED DIVORCED, (y) WILL WOLL	8. DATE OF BIRTH April 16,1868	9. AGE last birthday If un	
	D OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Hefner		14. MOTHER'S MAIDEN Mary Schm		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	TAL SECURITY NO.	Joseph Zeman,	Towson, Maryla	nd
	18. MEDICAL CI			
I. DISEASES OR CONDITIONS DIRECTLY LEADING	TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
	NO PNEUMONI	A		72 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	OSCLEROTIC	C.V. DISEASE		YEARS
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not				1 114
related to the disease or condition causing death.		FEMUR		6 WKS
19a. DATE OF OPERATION 19b. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY? Yes □ No ☑
21. ACCIDENT (Speelfy) PLACE (Home, OF office bid INJURY	farm, factory, street, g., etc.)	(CITY OR	rown) (coun	TY) (STATE)
OF While at	OCCURRED Not While At work	HOW DID INJURY OC	CUR?	
100000000000000000000000000000000000000			causes and on the date	
23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) Jan. 30.1951 F	respect Hil		COCATION (City, town, or ed)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATUREG	RE	John Burns' Se	ons, Towson, Mar	ADDRESS yland

The correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE